**The Salvation Army – William Booth Special Care Home**

**Medications And Treatments Policies and Procedures**

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# Adverse Reaction Reporting

**POLICY:**

This policy is written to provide direction to staff regarding adverse reaction reporting.

An adverse reaction is defined as a noxious or unintended response to a drug which occurs with use or testing for the diagnosis, treatment or prevention of a disease or the modification of organic function. This includes any undesirable resident / client effect suspected to be associated with drug use. This does not include allergic reaction or documented side-effect unless severe or the resident / client requires hospitalization.

**EQUIPMENT:**

* RQHR Confidential Occurrence Report form

**PROCEDURE:**

* If an adverse reaction is suspected, contact the resident / client physician immediately to determine how the resident / client should be managed.
* Complete the RQHR Confidential Occurrence Report form and clearly mark it as an adverse reaction report. Document in as much detail as possible the description of the adverse event; include the timeline in relation to the administration of the medication.
* Forward the RQHR Confidential Occurrence Report form to the Director of Care and fax to Pharmacy.
* Upon receipt of the faxed RQHR Confidential Occurrence Report form, the pharmacy (College Avenue Drugs) will investigate the report and complete the Canadian Adverse Drug Reaction Monitoring Program form. Pharmacy will then forward form to Health Canada to register in the national data base.
* The resident / client should be continuously monitored until the reaction subsides, or is deemed by their physician to be stable.

Source

* Jack Mullock Pharmacist, College Avenue Drugs

**Approval/Implementation/Evaluation Process**

Date Approved: March 1, 2005

Review date: May 14, 2015

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Disposal Of Medications

**POLICY:**

This policy is written to provide direction to staff regarding the disposal of medications(s).

All medications, in all dosage forms, which are dispensed by the pharmacy, College Avenue Drugs, are the responsibility of the pharmacy. It does not matter whether they are unused medications or expired medications, they shall be treated in the same manner.

**EQUIPMENT:**

* WBSCH Pharmacy Check Sheet

**PROCEDURE:**

* Any medication that is expired or has been discontinued shall be returned to the pharmacy, College Avenue Drugs. The pharmacy has provided WBSCH with green bins on each nursing unit. All unused or expired medications shall be placed in the bin(s). The pharmacy will regularly replace these bins and return the unused or expired medications to the pharmacy.
* Pharmacy will have the unused or expired medications disposed, in accordance with provincial pharmacy and environmental regulations.
* Monthly, pharmacy will check expiry dates and reorder medications as necessary.
* Oral tablets more than 2 years old will be deemed expired and returned to pharmacy.

Source

* Jack Mullock Pharmacist, College Avenue Drugs

**Approval/Implementation/Evaluation Process**

Date Approved: March 1, 2015

Review date:

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Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Disposal Of Sharps

**POLICY:**

This policy is written to provide direction to staff regarding the disposal of sharps.

At WBSCH only Safety Engineered Sharps Devices (SESD) will be used.

WBSCH staff will receive education as to the proper and safe method for disposal of sharps in accordance with applicable guidelines and standards (OH&S).

|  |
| --- |
| **NOTE:**  Whenever a sharp is not disposed of appropriately, staff must complete an RQHR Employee Report of Incident / Hazard form and submit to Manager to ensure proper follow up is completed. |

**DEFINITION:**

* Needles with engineered sharps injury protection have a built-in safety feature or mechanism that eliminates or minimizes the risk of a percutaneous injury (needle sick injury)

**EQUIPMENT:**

* RQHR Employee Report of Incident / Hazard form

**PROCEDURE:**

* Use SESDs at all times
* If using both hands for injection, make sure the non-injecting hand is removed from the injection site before needle is removed
* At point of use, activate SESDs promptly and completely (audible click verifies activation)
  + Preferred (safest) activation is by activating on a firm surface
* At point of use, SESD is placed into a tamper-proof secure sharps storage unit (tamper-proof lid does not allow access to the disposed sharps)
* Sharps disposal units that are not secure (i.e.: portable sharps storage unit on medication administration cart), staff remain responsible for supervising the container at all times and at the conclusion of the care process the container is stored safely where it cannot be easily accessible to residents / clients.
* Replace sharps container when full to fill line (do not overfill)
* Ensure the 2 tabs are in the lock position (on the lid of the container) prior to having maintenance remove the full container for disposal.
* Environmental services pick-up full sharp containers from the nursing units, placing the container in the designated biohazardous container. When the container is full, Environmental Services notifies the Biohazarous Waste Disposal Company (Sanatac) to pick up the container. The company then transports the sharp containers, disinfects and disposes of sharps and provides a certificate of destruction to WBSCH.

Source

* Occupational Health & Safety Regulations (Section 474)
* Saskatchewan Biomedical Waste Management Guidelines (1998)

**Approval/Implementation/Evaluation Process**

Date Approved: August 18, 1997

Review date: September 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Insulin

**THE SALVATION ARMY** Policy No. **10 . 3**

**WILLIAM BOOTH SPECIAL CARE HOME** Procedure: Yes \_\_√\_\_\_\_\_\_

No \_\_\_\_\_\_\_\_

**STATEMENT OF POLICY**

**SUBJECT: INSULIN INJECTIONS/ INSULIN INJECTION SITES** .

**PURPOSE: TO ADMINISTER INSULIN MEDICATION**

**IN A CONSISTENT MANNER**

**STATEMENT: A physician’s order is required for insulin stating**

**the type, amount, and frequency of administration.**

**Once dispensed by Pharmacy , all insulins may be**

**stored in the med cart for a period of one month at**

**normal room temperature. After one month, the**

**insulin is to be discarded and replaced by Pharmacy.**

**Ensure vial is labeled with date , when it was initially**

**opened for use.**

**When mixing insulins, give immediately after prep-**

**aration to prevent conversion of the insulin strengths,**

**i.e.) more intermediate acting and less short acting.**

**It is not necessary to verify the measured dose of**

**insulin with a second nurse.**

**THE SALVATION ARMY** Policy No. **10 . 3**

**WILLIAM BOOTH SPECIAL CARE HOME**

**PROCEDURE**

**SUBJECT: INSULIN INJECTIONS/ INSULIN INJECTION SITES**

**EQUIPMENT:**

1. prescribed insulin (s)
2. Insulin syringe
3. alcohol swabs
4. appropriate sharps container

**PROCEDURE:**

1. ensure the size of the insulin syringe and strength of the insulin is

the same, i.e.)U-100 syringe and U-100 insulin

1. clean vial’s rubber stopper with an alcohol swab.
2. inject air into the vial of short acting/regular (clear) insulin equal

to the prescribed dose of short acting/ regular insulin.

1. inject air into the vial of intermediate or long acting insulin equal

to the prescribed dose of intermediate or long acting insulin.

1. withdraw the prescribed amount of short acting/regular (clear) insulin
2. insert needle into the vial of intermediate or long acting (cloudy) insulin

and withdraw the prescribed amount into the same syringe.

**NOTE:** The Metabolic and Diabetes Education Center recommends

withdrawing the short acting (clear) insulin and then the intermediate

or long acting (cloudy) insulin. The rationale for this is to prevent

contamination of short acting/regular ( Clear) insulin with the intermediate

or long acting (cloudy) insulin. Contamination of the short acting/ regular

insulin with the intermediate or long acting insulin can provoke

modifications in the time-action characteristics of the short acting/regular

insulin. The short acting/regular insulin binds to the excess zinc/protamine

in the intermediate of long acting insulin, and this binding may result in a

blunting of the action of the short acting/regular insulin.

Either method of mixing insulins is acceptable; it is the consistency of the

method used that is of importance, and to keep in mind the basic principle

is to prevent contamination of the vials.

page 2 of 3

Policy No. **10 . 3**

**ADMINISTRATION OF INSULIN**

1. Confirm residence’s identity.
2. Explain the procedure to the patient and provide privacy.
3. Select an appropriate injection site.

a) Rotate injection sites utilizing rotation site charts (attached to the

procedure), or patient’s individualized method of site rotation.

b) Each injection site is to be 2-4 cm. (1- 1 1/2”) from last injection site.

NOTE: Do not inject within 4-6 cm. (1 1/2 - 2 “) of umbilicus and avoid

the belt line.

1. Position the patient as required.
2. Cleanse the injection site with an alcohol swab and allow skin to dry**.**

**NOTE:** Patients doing self-administration of insulin and who use

clean technique do not need to cleanse the injection site with alcohol.

1. Insert the needle at 90 degree angle and inject the insulin**.**

**NOTE**: Do not aspirate for blood return as this causes tissue damage

and scarring.

1. Hold the alcohol swab against the needle and gently withdraw

needle. Wipe area with an alcohol swab.

**NOTE**: Do not massage injection site as this contributes to break-

down of the subcutaneous tissue which can alter absorption of

insulin.

1. Dispose of needle and syringe according to policy for Disposal

of needles and sharps**.**

**DOCUMENTATION:**

1. Medication administration record-include injection site.

Recommended By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_

**DIRECTOR OF CARE EXECUTIVE DIRECTOR**

Approval/Revision Date: August 20, 1997

Review Date: \_\_\_\_\_\_\_\_\_\_

# Do Not Use – List Of Abbreviations

**POLICY:**

Accreditation Standard 1.5 (2017) states “Medication errors are the largest identified source of preventable hospital medical errors ... Misinterpreted abbreviations can result in omission errors, extra or improper doses, administering the wrong drug, or giving a drug in the wrong manner”.

The Institute for Safe Medication Practice (ISMP) published a **Do Not Use** list of abbreviations, symbols and dose designations (2006).

The **ISMP Do Not Use** list of abbreviations, symbols and dose designations will be strictly adhered to.

|  |
| --- |
| **NOTE:**  Medication errors are the largest identified source of preventable hospital medical errors. Misinterpretation of abbreviations contributes to medication errors. Misinterpreted abbreviations can result in omission errors, extra or improper doses, administration of the wrong drug, or giving the drug in the wrong manner. |

**Responsible Officers:**

Director of Care

Pharmacist

Care Manager

Licensed Nursing personnel (LPN / RN / RPN)

**PROCEDURE:**

* Abbreviations, symbols and dose designations identified on the ISMP Do Not Use list will not be used in any way or written in any documentation either hand written or electronically.
* Pre-printed forms/orders or labels related to medication use will not include any abbreviations listed on the ISMP Do Not Use list
* The ISMP Do Not Use list will be posted in all medication rooms for nurse’s reference
* Education will be provided at orientation and when it changes regarding the ISMP Do Not Use List
* ISMP updates to the ISMP Do Not Use list will be posted
* Any internal identification of an abbreviation, symbol or dose designation that is a source of an adverse event or quality improvement review will be added to the Do Not Use list.
* Annual audits shall be performed to monitor compliance with the ISMP Do Not Use list (CQI audit).

Source:

* Accreditation Canada ROP (1.5), Do Not Use List of Abbreviations
* ISMP Institute for Safe Medication Practices Canada (2006)

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: January 2017

Review Date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Fentanyl Patch Monitoring

**POLICY:**

A Fentanyl Patch is a narcotic that provides pain relief over a 72 hour period (72 hour release mechanism).

Following application of a Fentanyl Patch, the Fentanyl Patch is to be monitored (daily) to ensure pain relief over the 72 hour period.

**EQUIPMENT:**

* Black marker
* Fentanyl Patch Monitoring form
* Narcotic and Controlled Drug Count Sheet
* Fentanyl Patch
* Mepore Film

**PROCEDURE:**

1. Utilizing the Narcotic and Controlled Drug Count Sheet, record the date, time, client name and physician name under the appropriate column. Record the dose given in the dose given column and then reduce the amount of the appropriate drug in the drug column, initial at the right hand side.
2. Following the client’s MAR, the Fentanyl patch is applied / replaced every 72 hours. The Fentanyl patch is applied to the left or right scapula area (ensuring the patch is outside the client’s reach).
3. Using a black marker, date and initial on the Fentanyl patch, the application of the Fentanyl patch. The Fentanyl patch is covered with a Mepore Film.
4. Daily, the monitoring of the Fentanyl patch is documented using the Fentanyl Patch Monitoring form. Over the 72 hour period the Nurse is to record / initial:

* the date and time the Fentanyl patch applied
* the area the Fentanyl patch applied to (left or right scapula area, ensuring the Fentanyl patch is outside the resident’s reach)
* monitoring (day and evening)
* removal of the Fentanyl patch
* disposal / wasting of Fentanyl patch in a sharps container; the Nurse is to be witnessed disposing / wasting the Fentanyl patch

1. Through daily monitoring, should a Fentanyl patch not be found on the resident, the LPN / RN / RPN is to complete an:

* Incident report (medication error)
* Progress note
* Complete search of bed / clothing / environment

1. Completed Fentanyl Patch Monitoring form to be filed with completed MARs (medical chart).

**Approval/Implementation/Evaluation Process**

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Review date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Herbal Medication Administration

**POLICY:**

This policy is written to provide direction to staff regarding herbal medication administration.

There must be a Physician’s order for the resident / client to receive the herbal medication.

**PROCEDURE:**

* The request for herbal medication will be communicated with the Physician who will assess the request / approve the request.
* The Physician will verify the order for the herbal medication according to the present standard for all medication administration (dosage / frequency / route).
* The Physician’s order is then faxed to College Avenue Drugs for dispensing the herbal medication.
* Pharmacy will only dispense herbal medications which are accessible to the pharmacy.
* The herbal medication will be packaged according to the PACMED / MANRAX format
* The MAR will list the herbal medication on the pre-printed form as per other prescribed medications.
* Pharmacy will be the reference, regarding information, for the herbal medication which does not appear in the CPS.

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: March 17, 2015

Review date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# High Alert Medications

**POLICY:**

Accreditation Standard Medication Management 1.7 (2017) states “High Alert medications may cause significant harm when they are administered in error. High Alert medications include but not limited to anticoagulants agents, adrenergic agents, chemotherapy agents, concentrated electrolytes, insulin, narcotics (opioids), neuromuscular blocking agents and sedation agents”.

Medications identified on the Institute for Safe Medication Practice “High Alert Medications in Long Term Care (LTC) Settings will guide the definition of High Alert medications and be inclusive but not limited to those listed.

To ensure proper handling and identification of High Alert medications for the safety of Residents, High Alert medications will be identified by the pharmacy with a “High Alert” designation in the Medication Administration Record (MAR).

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| --- |
| **NOTE:**  Narcotics and Cytotoxic medications are also listed as High Alert medications under ISMP, however there are separate policies and procedures due to their specific storage and / or handling requirements. Please refer to corresponding policy / procedure. |

**EQUIPMENT:**

* Medication Administration Record (MAR)
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)

**PROCEDURE:**

* High Alert medications will be identified by the pharmacy with a “High Alert” designation in the Medication Administration Record (MAR).
* High Alert medications which are also chemotherapeutic agents / cytotoxic / hazardous will be labelled as such on the medication packaging
* As much as possible, high alert medication concentrations and volumes will be standardized
* To ensure proper handling and identification of Cytotoxic (chemotherapy) medications, Cytotoxic (chemotherapy ) medications will be identified by pharmacy with a “Cytotoxic” designation in the Medication Administration Record (MAR)

* Unusual concentrations will be identified specific for the resident / client on the MAR and the packaging.
* As much as reasonably possible, the amount of high alert medication doses will be limited
* All staff will have access to a posted list of high alert medications in all medication rooms
* High alert medication lists will be updated as necessary
* Staff will be provided training about high alert medications.

**RESPONSIBLE OFFICERS:**

* Pharmacist
* Director of Care
* Care Managers
* LPN / RN / RPN

Source:

* Accreditation Canada ROP (1.7) High-Alert Medications
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)
* RQHR High-Alert Medication Policy622 (2015)

**Approval/Implementation/Evaluation Process**

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Review date:

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Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cytotoxic Hazardous Drugs

**POLICY:**

WBSCH will comply with the RQHR Nursing Procedure for the handling and administration of hazardous drugs (H.30.1).

To ensure proper handling and identification of Cytotoxic (chemotherapy) medications, Cytotoxic (chemotherapy) medications will be identified by the pharmacy with a “Cytotoxic” designation in the Medication Administration Record (MAR).

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| **NOTE:**  All forms of chemotherapy are considered a class of high-alert medications under ISMP. At WBSCH, there is a separate policy / procedure due to the specific storage and handling requirements.  **NURSING ALERT:**  **Nurses who are pregnant should not administer ANY cytotoxic (chemotherapy) medication.** |

**DEFINITIONS:**

Cytotoxic medications include the following:

Carcinogenic – capable of promoting the development of a cancer or causing mutations in cells that lead to cancer

Teratogenic – able to disturb the growth and development of an embryo causing congenital abnormalities

Genotoxic – capable of damaging genetic material (DNA) thereby causing mutations.

Reproductive toxicity – has an adverse effect on fertility (i.e. spontaneous abortion, late fetal death, infertility)

Organ toxicity at low doses – has a toxic effect on organ health at a low dose. (local tissue damage, necrosis, liver damage)

**Responsible Officers:**

Director of Care

Pharmacist

Care Manager

Licensed Nursing personnel (LPN / RN / RPN)

**EQUIPMENT:**

* Medication Administration Record (MAR)
* Hazardous Drug Precautions signage
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)

**PROCEDURE:**

**Medication Handling**

* Labeling:
  + Pharmacy will write “cytotoxic” on the MAR and Blister-Pak card.
  + Pharmacy will identify with a “cytotoxic” lime green and black auxiliary label
* Administration
  + Topical & Oral: double glove
  + Oral Tablets: Dispense into medication cup using “no-touch” method
* **Do not** crush any medications as this can cause them to become airborne
* **Disposal of Waste:** contaminated gloves and med cups for disposal should be double bagged and put in red bucket or sharps container.

**Appendix A Cytotoxic Medication List**

|  |  |  |
| --- | --- | --- |
| **Cytotoxic Medication List** | | |
| • acitretin – Soriatane®   * anastrazole – Arimidex®   • azathioprine – Imuran®  • bicalutamide – Casodex®  • bosenten – Tracleer®  • ciclofovir – Vistide®  • cyclosporine – Neoral®  • cyproterone – Cyprostat®  • dutasteride – Avodart®  • exemestane – Aromasin®  • finasteride – Proscar®  • fluoxymesterone – Halotestin®  • flutamide – Eulexin® | • ganciclovir – Cytovene®  • gefitinib – Ivessa®  • goserelin – Zoladex®  • isotretinoin – Accutane®  • leflunomide – Arava®  • lenalidomide – Revlimid®   * letrazole – Femara®   • leuprolide – Lupron®  • megestrol – Megace®  • methotrexate  • methyltestosterone – Android®  • mycophenolate – Cellcept  • nilutamide – Niladron® | • pentamidine – Nebupent®   * raloxifene – Evista®   • ribavirin – Copegus®  • sirolimus – Rapamune®  • tacrolimus – Prograf®  • tamoxifen – Nolvadex®  • testosterone  • thalidomide  • taremifem – Fareston®  • tretinoin – Retin A® cream  • valgancyclovir – Valcyte®   * 5-fluorouracil – Efudex® ointment |

Source:

* Accreditation Canada ROP (1.7) High-Alert Medications
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)
* RQHR Hazardous Drugs Administration & Handling – Chemotherapy policy H.30.1 (2016)

**Approval/Implementation/Evaluation Process**

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Review date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Influenza Protocol – Antiviral Administration

**POLICY:**

WBSCH will comply with Population & Public Health (P&PH) direction for the implementation of the Influenza Protocol - Antiviral Administration.

Upon the direction of P&PH, when an outbreak of influenza has been declared, the antiviral is administered to prevent the possible spread of influenza and to reduce the severity of illness.

All LTC residents / clients will have a standing order in their chart for treatment with Antiviral (i.e.: Oseltamivir (Tamiflu)).

LTC residents will receive the Pneumococcal vaccination (see Pneumococcal policy). This vaccine is given once / lifetime

Annually, LTC residents will receive the Seasonal Influenza vaccine as per P&PH.

**EQUIPMENT:**

* LTC Physician Medical Admission Checklist
  + eGFR (yearly)
  + Anti-viral (yearly)
  + Seasonal influenza vaccine (yearly)
* Medication Administrative Record (MAR)
* RQHR P&PH Practitioner Pre-printed Orders Oseltamivir (Tamiflu) for Influenza Outbreak in Long Term Care (form PP-477) (2016)

**PROCEDURE:**

* All LTC residents will have a Physician’s order for serum creatinine including eGFR on admission / yearly (to be drawn from June to September each calendar year)
* September – March, on admission, all Newton residents will have a Physician’s order for serum creatinine including eGFR
* Monthly LTC residents are weighed. In September, the current weight is submitted to pharmacy.
* Pharmacy staff will calculate the appropriate antiviral dosage for each resident / client, should P&PH declare an influenza outbreak. The antiviral dosage will be placed on the November medication review list for the physician. Once the attending physician signs this order, the nursing staff shall fax a copy of this signed Physician order to the pharmacy.
* Upon the direction of P&PH, when an influenza outbreak is declared, the nurse must IMMEDIATELY contact College Avenue Drugs. The nurse must compile a list of residents / clients requiring treatment dose and those requiring prophylaxis dose. The list is faxed to pharmacy (306-789-4493)
* Based on the resident’s / client’s eGFR, P&PH directs the antiviral dosage and duration for the treatment dose and prophylaxis dose (asymptomatic residents / clients).

Source:

* RQHR P&PH Practitioner Pre-printed Orders Oseltamivir (Tamiflu) for Influenza Outbreak in Long Term Care (form PP-477) (2016)

**Approval/Implementation/Evaluation Process**

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Review date: January 2017

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Insulin Administration

**POLICY:**

A Physician’s order is required for insulin stating the type, amount, and frequency of administration.

Once dispensed by Pharmacy, insulin may be stored at room temperature, in the medication cart for a period of one month. Ensure insulin vial is labeled with date, when it was initially opened for use. After one month the unused insulin is to be returned to Pharmacy for disposal.

Insulin syringes must be Safety Engineered Safety Device (SESD). Insulin pens will **not** be used at WBSCH.

It is not necessary to verify the measured dose of insulin with a second nurse.

|  |
| --- |
| **NOTE:**  The RQHR Metabolic and Diabetes Education Center (MEDEC) recommends withdrawing the short acting / regular (clear) insulin and then the intermediate / long acting (cloudy) insulin. The rationale for this is to prevent contamination of short acting/regular ( clear) insulin with the intermediate / long acting (cloudy) insulin. Contamination of the short acting/ regular (clear) insulin with the intermediate / long acting (cloudy) insulin can provoke modifications in the time-action characteristics of the short acting/regular insulin. The short acting/regular insulin binds to the excess zinc/protamine in the intermediate / long acting insulin, and this binding may result in a blunting of the action of the short acting/regular insulin.  Either method of mixing insulins is acceptable; it is the consistency of the method used that is of importance, and to keep in mind the basic principle is to prevent contamination of the vials.  When mixing insulins, give immediately after preparation to prevent conversion of the insulin strengths (i.e.: more intermediate / long acting and less short acting / regular). |

**EQUIPMENT:**

1. prescribed insulin(s)
2. Insulin syringe
3. alcohol swab(s)
4. appropriate sharps container

**PROCEDURE:**

1. ensure the size of the insulin syringe and strength of the insulin is

the same (i.e.: U-100 syringe and U-100 insulin).

1. clean insulin vial rubber stopper with an alcohol swab.
2. inject air into the insulin vial of short acting/regular (clear) insulin equal

to the prescribed dose of short acting/ regular insulin.

1. inject air into the insulin vial of intermediate / long acting insulin equal

to the prescribed dose of intermediate / long acting insulin.

1. Insert needle into the vial of short acting / regular insulin and withdraw the prescribed amount
2. insert needle into the vial of intermediate / long acting (cloudy) insulin

and withdraw the prescribed amount into the same syringe.

1. Confirm resident's / client's identity (two-client identifiers).
2. Explain the procedure to the resident / client and provide privacy.
3. Select an appropriate injection site.
4. Rotate injection sites utilizing rotation site charts (attached to the
5. procedure), or patient’s individualized method of site rotation.
6. Each injection site is to be 2-4 cm. (1- 1 1/2”) from last injection site.

NOTE: Do not inject within 4-6 cm. (1 1/2 - 2 “) of umbilicus and avoid

the belt line.

1. Position the resident / client as required.
2. Cleanse the injection site with an alcohol swab and allow skin to dry**.**

**NOTE:** Patients doing self-administration of insulin and who use

clean technique do not need to cleanse the injection site with alcohol.

1. Insert the needle at 90 degree angle and inject the insulin**.**

**NOTE**: Do not aspirate for blood return as this causes tissue damage

and scarring.

1. Hold the alcohol swab against the needle and gently withdraw

needle. Wipe area with an alcohol swab.

**NOTE**: Do not massage injection site as this contributes to break-

down of the subcutaneous tissue which can alter absorption of

insulin.

1. Dispose of needle and syringe according to policy for Disposal

of sharps**.**

* Document the insulin administration on the MAR and the injection site

Source:

* RQHR MEDEC

**Approval/Implementation/Evaluation Process**

Date Approved: August 20, 1997

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Processing of Physician Orders

|  |
| --- |
| The seven safety checks for transcribing Physician orders include:   1. The Physician **prescribes** the order and the RN / RPN / LPN **transcribes** the order, with attention to the 5 R’s of medication administration:  * right resident * right drug / treatment * right dosage * right time * right route of administration  1. There must be a written order on the Physician’s Order Sheet for all scheduled medications, prn medications and treatments. If unable to read the Physician’s order, phone the Physician (or Pharmacist) for clarification. 2. The order must be transcribed accurately and completely. All transcription entries must be dated/initialed by the RN / RPN / LPN completing the transcription (on the Physician order sheet, the MAR, the Drug Profile, and the Quarterly Medication Review). 3. The order must be faxed to pharmacy. 4. Telephone Physician orders are to be faxed to the Physician to be co-signed within 48 hours. 5. All new Physician orders are to be checked for accuracy/completion of transcription within 24 hours (nightly check). 6. All completed Quarterly Medication Reviews (signed/dated by Physician) are to be checked for accuracy/completion of transcription within 24 hours (nightly check). |

**POLICY:** The following procedure information is provided to ensure accurate transcription of Physician orders at WBSCH.

**PROCEDURE:**

Refer to WBSCH Policy Number:

* 10.2 **MEDICATION ADMINISTRATION**
* 10.10 **PROCESSING OF PHYSICIAN ORDERS**
* 10.16 **ADMISSION ORDER SHEETS**
* 10.17 **PHYSICIAN ORDER SHEET**
* 10.19 **MEDICATION DISPOSAL**

**PHYSICIAN ORDER SHEET**

* There must be a written order on the physician order sheet for all medication(s) / treatment(s) given.
* All Physician orders must be written on the physician order sheet (only the Admission Order sheet does not have to be written on the Physician Order Sheet).
* Physician orders are to be written in black ink on the physician order sheet and remain part of the resident’s permanent health record (chart).
* If unable to read the Physician order, phone the Physician (or Pharmacist) for clarification of the order.
* Physician order sheets are to be filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* The Physician order includes specific components:
* **Name of resident** (resident identification is addressographed / written on the top of the Physician Order sheet)
* **Allergies** (printed in the Allergies section at the top of the Physician Order sheet).
* Date and time when the order was written
* Name of drug
* Dosage
* Frequency (time)
* Route of administration
* Physician’s signature (if a telephone order, the RN/RPN/LPN signs to indicate who received the order)
* Fax a copy of the physician order sheet to pharmacy
* Telephone orders are immediately faxed to the Physician to be signed within 48 hours. Once the Physician has signed and faxed back the order, the original should be shredded and the signed faxed copy filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* Physician orders given by a Specialist/Consultant must be confirmed by the attending Physician and written on the Physician Order sheet as the attending Physician orders.

**ADMISSION ORDER SHEET**

* As part of the Physician orders on admission, the Physician completes the appropriate admission order sheet:
* WBSCH Admission Checklist
* Regina Wascana Grace Hospice Admission Sheet
* Contact attending physician and ask each question on the admission order sheet. If the answer is yes or no, check off the appropriate box
* If the resident requires:
* oxygen, enter the rate in the space provided
* lab work, write the tests requested in the space provided
* other than diet as tolerated (special diet), specify the type of diet
* If RWGH client requires:
* dressings, specify the type of dressing with the frequency they are to be changed
* a catheter, specify the catheter size
* As per telephone order, the RN/RPN/LPN signs (to indicate who received the order) and dates at the bottom of the page.
* Fax a copy of the admission order sheet to pharmacy
* As per telephone orders, the admission order sheet is immediately faxed to the Physician to be signed within 48 hours. Once the Physician has signed and faxed back the admission order sheet, the original should be shredded and the signed faxed copy filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* The completed admission order sheet is considered part of the Physician admission orders and does not have to be copied / written onto the Physician Order sheet.

**DRUG PROFILE** (working (yellow colored) copy of the Physicians Orders Review sheet) - DP

* The Drug Profile (DP) identifies **ALL** the medication(s) and treatment(s) the resident is currently receiving.
* The Drug Profile is located in the resident’s chart, at the front of the Physician’s Order section, facing/opposite of the Physician’s Order Sheet.
* Physician orders are transcribed onto the Drug Profile. All transcriptions to the Drug Profile must be dated/initialed by the RN / RPN / LPN.
* Monthly, Pharmacy forwards a new Drug Profile.
* Monthly, with the arrival of a new Drug Profile, the previous month’s Drug Profile is to be removed from the chart and discarded; the old Drug Profile is not to be saved as part of the permanent health record.

**PHYSICIANS ORDERS REVIEW** sheet – (white copy/**quarterly medication review**) - QMR

* The white copy of the Physicians Orders Review sheet is also referred to as the **quarterly medication review** (QMR).
* The Physicians Orders Review sheet identifies **ALL** the prescribed medication(s) and treatment(s) the resident is currently receiving.
* The Physicians Order Review sheet is located in the resident’s chart, in the Physician’s Order section, facing / opposite the Drug Profile (working/yellow colored copy).
* Every three months, Pharmacy forwards a new Physicians Orders Review sheet to be used for the QMR (February, May, August, and November).
* Before placing the new QMR in the resident’s chart, the night RN / RPN /LPN checks that the new QMR is accurate by comparing to the current MAR and Drug Profile. Upon completion of the current / accurate check, the night RN / RPN / LPN signs and dates the lower right hand corner of each page (Nurse Signature and Date).
* Every three months, when completing the QMR, the Physician reviews the prescribed medication(s) and treatment(s) the resident is currently receiving. On the Physicians Orders Review sheet, the Physician indicates for each medication and treatment, if the medication/treatment is to be continued ( C ), discontinued ( D ), or change in direction (dosage, time, and route). Upon completion of the QMR, the Physician dates/signs the lower right hand corner of each page.
* The dated/signed QMR is faxed to Pharmacy.
* Changes in orders, as a result of the QMR, are to be transcribed onto the MAR and Drug Profile (i.e.: discontinued or change in direction).
* Changes in orders, as a result of the QMR, are **not** transcribed onto the Physician Order sheet
* \*\****When a Physician order is received before the Physician has dated/signed the QMR, the medication order must be transcribed on to the QMR, the MAR, and the Drug Profile.***
* ***When a Physician order is received after the Physician has dated/signed the QMR, the RN / RPN / LPN cannot transcribe the make any changes to the QMR.***
* The dated/signed QMR is considered to be a Physician order and therefor is filed in chronological order (starting with most recent order/date) in the resident’s chart, in the Physician’s Orders section. Physician orders resulting from the QMR are not to be re-written on the Physician Order sheet.
* The dated/signed QMR becomes part of the resident’s permanent health record (chart).

Within 24 hours, the dated/signed QMR must be checked to ensure the Physician orders have been accurately/completely transcribed. Leave chart in vertical file for QMR to be checked for accuracy of transcription.

* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”
* Entered correctly on MAR or treatment MAR
* Entered correctly on drug profile (DP)
* Faxed to pharmacy (FAX PH)
* Discontinued/changed medication (blister-packs) have been pulled from the spindles
* New medication (blister-packs) have been placed in the spindles

To indicate the QMR has been checked for accuracy /completeness, the night RN / RPN / LPN draws a straight red line across the bottom of the page. The RN / RPN / LPN initials/dates to indicate who and when the QMR transcription accuracy/completeness was checked.

* Once accuracy of transcription check has been completed, file chart away.
* Chart is to be left in vertical file on desk until new medication arrives from Pharmacy. Once medication arrives, file chart away.

**PATIENT MEDICATION PROFILE and CHARTING RECORD** (MAR)

* MARs are dispersed to each unit on the last days of the month.
* The MAR identifies all the prescribed scheduled medications, p.r.n. medications, and treatments.
* The scheduled medications and p.r.n. medications and treatments are listed in **alphabetical order**.
* The MAR is used to verify the information (5 R’s) about each medication prior to giving. The right:
* resident
* drug (treatment)
* dosage
* time
* route
* The MAR is a permanent part of the Health Record.
* The current MAR is located in the medication binder.
* Previous MARs are to be filed in chronological order (starting with the most recent month) in the Medication & Treatment section of the resident’s permanent health record.
* All transcriptions on the MAR are made using black ink.
* All transcriptions on the MAR are to be initialed/dated.
* When a new Physician order has been received and there is no room to add the new Physician order onto the preprinted MAR, a blank MAR is to be utilized. The date at the top of the blank MAR is to coincide with the date on the preprinted MAR.
* For the newly admitted resident, the first MAR is to be checked with the original Physician Order Sheet.

**MAR Alerts and Special Instructions**

* At the top of the MAR, there is an area for Allergies and Codes for reason of omission.
* **Allergies**: Allergies are to be written on the first Physician’s Order sheet sent to the Pharmacy. There after the resident’s allergies will be printed on each MAR.
* **Codes**: Preprinted codes are to be used for reason of omission. The number of the code is entered into the space provided for initials. The RN/RPN/LPN then makes an entry on the back page to clarifying the reason for the omission.
* Within the text of each order on the MAR is a **prescription (Rx) number**, which identifies the individual order for Pharmacy. The Rx number and resident’s name is the only information necessary in communication with Pharmacy.

**Monthly MAR Verification / Checking**

* For the newly admitted resident, the first MAR is to be checked against the original Physician Order Sheet.
* Towards the end of each month, Pharmacy disperses the next month’s MARs
* For subsequent/monthly replacement MARs, the verification / check is done by comparing the next month’s MAR against the previous MAR. Any discrepancy must be checked against the Physician Order sheet and the QMR.
* It is the responsibility of the night RN/RPN/LPN to verify that the MAR is correct by comparing the next month’s MAR against the current MAR. The MAR verification is completed on the last day of each month.
* The next month’s MAR should document the continuation of the administration schedule from the current month’s MAR (i.e.: medication given on alternating days).
* Prescription (Rx) number(s) will change with every narcotic fill and up to every 90 days with other medications. It is important to verify the medication and directions, and not just the prescription (Rx) number.
* The LPN/RN/RPN indicates the MAR has been checked and is “certified correct” by signing/dating the lower right hand corner of each MAR page.
* New orders/discontinued orders/orders with changes in direction must be transcribed to the MAR as a **NEW ORDER** (see transcribing a new Physician’s order)**,** a **DISCONTINUATION,** (see transcribing the discontinuation of a Physician’s order), or a **CHANGE IN DIRECTION** (see transcribing a change in direction Physician’s order)**.**
* **STAT** orders, should have date/time administered/initials on the Physician’s Order Sheet and MAR. If the order is for one dose STAT, once the dose has been given, transcribe as a **DISCONTINUATION,** (see transcribing the discontinuation of a Physician’s order).

**TRANSCRIBING A NEW PHYSICIAN ORDER**

On the Physician Order Sheet, transcriber (√) / initial transcription of a new Physician order by:

* (√) / initial indicating new order transcribed to MAR/treatment book
* (√) / initial indicating new order transcribed to drug profile (DP)
* (√) / initial indicating new order transcribed to Physicians Orders Review sheet (QMR), ***if the Physician has NOT dated/signed***
* (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Pharmacy (FAX PH)
* If applicable, (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Physician (FAX DR)
  + - all telephone orders should be co- signed by the Physician within 48 hours
* If applicable, (√) / initial requisition (REQ) completed
* If applicable, (√) / initial indicating notation in computer progress note (PN)
* **MAR** - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* Medication orders with varied dosage must be written separately on the MAR
* **Drug Profile** (working/yellow colored copy) - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* **QMR** (Physicians Orders Review sheet) ***if the Physician has NOT dated/signed*** - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* Leave chart in vertical file on desk for Physician order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”
* Once accuracy of transcription check has been completed, file chart away.
* Chart is to be left in vertical file on desk until new medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING THE DISCONTINUATION OF A PHYSICIAN ORDER**

* On the Physician’s Order Sheet, transcriber (√) / initial transcription of discontinuation of a Physician order by:
* (√) / initial indicating discontinued order transcribed to MAR/treatment book
* (√) / initial indicating discontinued order transcribed to drug profile (DP)
* (√) / initial indicating discontinued order transcribed to Physicians Orders Review sheet (QMR), ***if the Physician has NOT dated/signed***
* (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Pharmacy (FAX PH)
* If applicable, (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Physician (FAX DR)
* all telephone orders should be co- signed by the Physician within 48 hours
* If applicable, (√) / initial requisition (REQ) completed
* If applicable, (√) / initial indicating notation in computer progress note (PN)
* Physician orders resulting in a discontinuation of the medication order are to be documented by **“yellowing out”** (highlighting) the order on the:
* **MAR** sheet – “yellow out” (highlight) the discontinued order. To the right of the last date/time medication was given, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* **Drug Profile** (working/colored copy) – “yellow out” (highlight) the discontinued order. At the bottom of the order, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* **QMR** (Physicians Orders Review sheet) ***if THE Physician has NOT dated/signed*** – “yellow out” (highlight) the discontinued order. At the bottom of the order, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.
* Leave chart in vertical file for discontinued order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – every 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician’s Orders) – NURSE TO CHECK
* Complete form to indicate why the “CHART OUT AWAITING”
* Chart is to be left in vertical file (flagged “awaiting medication(s) from pharmacy”), until medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING A CHANGE IN DIRECTION PHYSICIAN ORDER**

* Orders resulting in a change of direction (i.e.: dosage, time, and route) are to be transcribed by **DISCONTINUING** the previous order (see transcribing the discontinuation of a Physician order) and then transcribing the change in direction as a **NEW ORDER** (see transcribing a new Physician order)**.**
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.
* Leave chart in vertical file on desk for change in direction order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – every 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician’s Orders) – NURSE TO CHECK
* Complete form to indicate why the “CHART OUT AWAITING”
* Chart is to be left in vertical file (flagged “awaiting medication(s) from pharmacy”), until medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING PHYSICIAN TELEPHONE ORDER**

* This is a Physician order given verbally over the telephone.
* A telephone order must be received directly from the Physician (the prescriber).
* When telephone orders are accepted it is important to:
* Repeat the order back to the Physician for verification.
* Have the Physician spell medication names, which are unclear.
* Write the verbal order immediately on the Physician Order Sheet.
* To indicate the order is a verbal/telephone order use the abbreviation PH (Phone)

Date and time (i.e.: September 1/06, 1430hour)

Order (i.e.: Tylenol 325mg (po) q4h prn)

PH. Physician’s name and the signature/designation of person who received the order (i.e.: PH. Dr. Rasmussen / S T Wood RPN).

* Telephone orders are processed as either a:
* **NEW ORDER** (see transcribing a new Physician order)
* **DISCONTINUATION,** (see transcribing the discontinuation of a Physician order)
* **CHANGE IN DIRECTION** (see transcribing a change in direction Physician order)**.**
* Telephone orders must be faxed to the Physician for co-signing.
* (√) that a copy of the Physician’s Order Sheet has been faxed to the Physician for co-signing of telephone order
* Telephone orders are to be co-signed by the Physician within 48 hours
* Once the Physician has co-signed and faxed back the order, the original should be shredded and the co-signed faxed copy placed in the chart as part of the permanent record.

**ALL MEDICATIONS ARE TO BE CONSIDERED DISCONTINUED FOLLOWING HOSPITALIZATION**

When the resident returns to WBSCH after being hospitalized, all previous medications are to be considered discontinued (scheduled medications, prn medications, treatments, and WBSCH Admission Checklist)

* The physician must be notified and verbal **re-admission** orders received (scheduled medications, prn medications, treatments, WBSCH Admission Checklist).
* Reconcil resident’s medications
* medication orders received from Acute
* the medications given prior to the Acute admission
* The verbal re-admission orders must be a written on the Physician Order sheet (scheduled medications, prn medications, treatments). The WBSCH Admission Checklist does not have to be copied / written on the Physician Order Sheet.
* See TRANSCRIBING A NEW PHYSICIAN ORDER
* See TRANSCRIBING THE DISCONTINUATION OF A PHYSICIAN ORDER
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.

**NIGHTLY CHECK OF TRANSCRIPTION OF PHYSICAN ORDERS**

* Within 24 hours, all Physician orders must be checked for accuracy/completion of transcription
* Palliative – night RN / RPN / LPN
* Convalescent – evening RN / RPN / LPN
* Long Term Care – night LPN

Charts that need to be checked for accuracy of transcription will be left in vertical file on desk

* A pulled red tag indicates a new order has been received and has not yet been transcribed – DOCTOR’S ORDERS
* A pulled blue tag indicates a new order QMR has been received, the new order has been transcribed, and the accuracy and completion of the transcription needs to be checked – NURSE TO CHECK
* “CHART OUT AWAITNG” form

* The RN/RPN/LPN reviewing/checking the accuracy of the transcription will draw a red line below the Physician signature, and then write the date/initials to indicate they have confirmed the transcription is accurate and all documentation has been completed on the:
* **MAR** or treatment MAR
* **Drug Profile** (working/colored copy)
* **QMR**, ***if the Physician has NOT dated/signed***
* Faxed to pharmacy
* If applicable, faxed to physician
* If applicable, noted in the day/calendar book
* If applicable, requisition completed
* If applicable, remove discontinued blister-pak(s) from medication rack(s) and refill basket(s)
* If applicable, place blister-pak(s) in the medication rack(s) in the order of the MAR Sheet
* Initial on the label of the blister-pak to indicate the blister-pak has been checked against the MAR (5R’s)
* the right resident
* gets the right drug (treatment)
* at the right dosage
* at the right time
* by the right route.
* Charts are to be left in vertical file (flagged “awaiting medication(s) from pharmacy”) until new medication arrives from Pharmacy. Once medication arrives, chart is put away/filed.

**NIGHTLY CHECK OF TRANSCRIPTION OF QMR**

Within 24 hours, all QMRs must be checked for accuracy/completion of transcription

* Palliative – night RN / RPN / LPN
* Convalescent – evening RN / RPN / LPN
* Long Term Care – night LPN

Charts that need to be checked for accuracy of transcription will be left in vertical file

* A pulled red tag indicates a QMR has been completed by the Physician and has not yet been transcribed – DOCTOR’S ORDERS
* A pulled blue tag indicates a QMR has been completed by the Physician, the order(s) have been transcribed, and the accuracy and completion of the transcription needs to be checked – NURSE TO CHECK
* “CHART OUT AWAITNG” form (yellow)

The RN/RPN/LPN reviewing/checking the accuracy of the transcription of the QMR will draw a red line at the bottom of each page of the QMR, and date/initials to indicate who and when the QMR was checked for accuracy of transcription and all documentation has been completed on the:

* **MAR** or treatment MAR
* **Drug Profile** (working/colored copy)
* Faxed to pharmacy
* If applicable, remove discontinued blister-pak(s) from medication rack(s) and refill basket(s)
* Charts are to be left in vertical file (flagged “awaiting medication(s) from pharmacy”) until new medication arrives from Pharmacy. Once medication arrives, chart is put away/filed.

**APPOINTMENT**

When making arrangements for an appointment, use the green WBSCH Appointment sheet

The information on the appointment sheet is to be entered in the progress notes and the completed sheet attached to the desk calendar at the date of the appointment.

CHART OUT **AWAITING**:

 Night (24 hour) transcription check

 Night QMR check

 Physicians order clarification

 Medication(s) from pharmacy

 Lab results

 Physicians order

 Warfarin dosage per INR

 Labels from pharmacy

 Reminder cards from pharmacy

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BLISTER-PAK / PHARMACARD**

* When placing a Blister-pak / Pharmacard into the medication rack, the RN / RPN / LPN initials on the label of the blister-pak to indicate the blister-pak has been checked against the MAR (5R’s)
* the right resident
* gets the right drug (treatment)
* at the right dosage
* at the right time
* by the right route
* The blister-pak / pharmacard is to be placed in the medication rack in the order of the MAR Sheet.

**MD / NURSING COMMUNICATION SHEETS** (point-click care)

* To enhance communication with the Physician, nursing concerns/requests are to be written on the MD/Nursing Communications sheets which are located in the “Physician” binder”.
* The RN/RPN/LPN is to initial after their documentation.

**UNIT CLERK TRANSCRIBING PHYSICIAN’S ORDERS**

* The Unit Clerk may transcribe Physician’s Orders to the MAR, QMR, and DP. The Unit Clerk does not date/initial the transcription.
* The RN/RPN/LPN must check that the transcription is correct to the original Physician’s order. The RN/RPN/LPN checking the transcription initials / dates to indicate who and when the Unit Clerk’s transcription was checked.

Leave chart in vertical file for Physician’s order to checked for accuracy of transcription.

* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”

**POLICY:**

TLR (Transfer, Lifting & Repositioning) is a mandatory program to assist employers with meeting the minimum requirements as set out in Saskatchewan’s Occupational Health and Safety Act, 1993, and its regulations, 1996. (See TLR Resource Manual).

Proof of TLR / SMART certificate is a requirement for hiring. As required, TLR / SMART training will be provided through Affiliate General Orientation.

For Resident and Staff safety, all staff are to comply with the TLR program. Failure to comply will result in progressive discipline, up to and including termination.

**EQUIPMENT**:

* Transferring Lifting Repositioning Resource Manual (1999)

**PROCEDURE**:

* All residents admitted to WBSCH / RWGH will be assessed according to the written TLR assessment process.
* The TLR assessment will be documented on the TLR assessment record
* TLR logo is to be visible and placed at bottom of a resident’s bed.

Resource:

Transferring Lifting Repositioning Resource Manual (1999)

**Approval/Implementation/Evaluation Process**

Date Approved / Revised: August 12/03; December 1/10

Review date: January 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Intravenous Therapy

**POLICY:**

WBSCH will comply with the RQHR Marijuana for Medical Purposes policy (516) (2016).

The following procedure (Work Standard) is to be followed when providing Marijuana for Medical Purposes.

**PROCEDURE:**

**See Work Standard**

Source:

RQHR Marijuana for Medical Purposes (516) (2016)

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: December 20, 2016

Review Date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Marijuana For Medical Purposes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Activity**: WBSCH - Marijuana for Medical Purposes 10.12B  **Role Performing Activity**: | | | |
| **WBSCH**   |  |  | | --- | --- | | **Essential Task** | | |  | A physician order must be documented in  patient’s chart indicating the use of the  “patient’s own marijuana”. | |  | Patient must show the legal documentation  of the authorizer and the authorized  provincial supplier. | |  | The physician’s order and the documentation  n that the marijuana is from an authorized  source, must be faxed to pharmacy. | |  | Practioner may request that patient signs the  waiver in Appendix A acknowledging that the  practitioner is not liable for any issues that  arise as a result of the use of marijuana for  medical purposes. | |  | Pharmacy (College Avenue Drugs) to  process the order on the patient’s  medication administration record (MAR)  “to use patient’s own legal supply”. | |  | Medical marijuana in an edible or topical  format can only be used at WBSCH.  WBSCH is a smoke-free environment.  Medical marijuana cannot be used in  vaporizing / smoking format. | |  | Patients will be assisted by the LPN / RN /  RPN to **self-administer** their marijuana for  medical purpose, as described within the  practitioner order and recorded on the MAR | |  | The “patient’s own” marijuana for medical  purposes will be kept in the locked  medication room. | |  | At shift change, two nurses will be present  during the procedure for shift-to-shift narcotic  count, to verify the inventory of the  “patient’s own” medical marijuana | |  | Marijuana for medical purposes that remains  within WBSCH / RWGH after the patient is  discharged will be sent back to pharmacy for  proper disposal according to current  Narcotic disposal procedures. |   **WORK STANDARD** | | **Electronic Location**: WBSCH  **Hard Copy Location**: | | **Department**: WBSCH / RWGH |
| **Document Owner**: WBSCH  **Position**:  **Email**: | | **Source of Work Standard**:  **AND/OR** |
| **Initial Date Prepared**:  **12/ 5/2016** | **Status Date(s)**: | **Status**: Draft |

**Work Standard Summary**: WBSCH will support the use of authorized medical marijuana only when compliant with Health Canada’s Access to Cannabis for Medical Purposes including section 56 exemption under the Controlled Drug and Substances Act.

**RQHR**: Draft RQHR Marijuana for Medical Purposes policy (source)

# Medication Administration

**POLICY:**

This policy is written to provide direction to regulated nursing staff on the procedure for Medication Administration.

Regulated nursing staff (LPN / RN / RPN) are authorized to administer medications to the residents / clients at WBSCH, in accordance to their professional standards for Medication Administration.

All medications will be administered only upon a Physician’s order (written or phone order). All phone orders will be faxed to the physician for cosigning. These orders should be faxed back (returned to WBSCH) within 48 hrs.

There are no standing orders at WBSCH.

**PROCEDURE:**

**1) New Medication Orders**

* All new medication orders, whether verbal or written by a physician, will be faxed to the pharmacy at 306-789-4493. The pharmacy will then package the medication for the resident / client.
  + LTC 7 day pouch system
  + Newton one month blister-pak
* For injectable medications in palliative care patients, approximately a two week supply will be sent.

**2) Medication Reorders:**

* For other than LTC, the nurse shall peel the reorder tabs from the medication to be reordered, place it on the reorder sheet and fax it to the pharmacy. A medication should be reordered if it is an ongoing prescription with less than 10 days of medication remaining. The pharmacy will then refill the prescription and return the new supply to the home.

**3) Hours of Operation**

1. College Avenue Drugs is open Monday through Saturday from 0900 - 1800 hours. Closed on Sundays and Holidays. The phone number is 306-**525-2513**. For after hours emergency service, the telephone will be forwarded to a cellular phone **(306-536-7486)** of the on-call pharmacist.
2. Emergency service will be in effect **24 hours**.

**4) Narcotic Distribution:**

* All narcotics shall be locked in the Narcotic cupboard. Solid dosage forms will be placed in a purple card for easy identification. When the medication is administered to the resident, the nurse shall sign in the MAR and also register the distribution on the Narcotic and Controlled Drug Count Sheet (see appendix 1). At each shift change, the two nurses shall count all narcotics and verify the quantities remaining by entering the data and time on the Narcotic and Controlled Drug Count sheet, writing “narcotic count” on the resident doctor space. Both Nurses initial the right hand side of the sheet.
* **NOTE:** The oncoming Nurse counts / the outgoing nurse documents the count.

1. **Control Drugs (Level 2):**

* All control drugs (Level 2 /i.e.: phenobarbital), shall be regarded as a regular prescription medication.
* Since the guidelines only require pharmacies to record the receipt of phenobarbital

and not the distribution of it, therefore WBSCH is not required to lock up or do daily counts of these medications. The receipt of these medications will not be recorded in the narcotic sheets.

* All distribution of these agents will be the same as for any other regular prescription medication.

**6) Night Cupboard:**

* Emergency Use: a supply of commonly required medications will be kept in the Night Cupboard, located within the locked Narcotic Cupboard on each unit. If a medication is ordered after 6pm, when the pharmacy is closed, the nurse shall check the Night cupboard for the medication. If contained in the Night cupboard the nurse shall take the medication from the Night cupboard and record the transaction on the Night cupboard record sheet ( appendix 2) include the resident’s name, the doctor, drug name, strength, date, and nurse’s initial. The physician’s order should then be faxed to the pharmacy with an “NC” written on the order to identify that the medication was taken out of the Night cupboard. The next morning the pharmacy shall fill the prescription and deliver it to the home. They will also send out a replacement for the Night cupboard medication. Once the medication is received, the Night cupboard medication should be placed in the pharmacy box and the new Night cupboard medication replaced in the Night cupboard.
* **Warfarin (coumadin**) - if a resident is placed on a changing dose of Warfarin, the nurse should use the supply in the Night cupboard to obtain the appropriate dose. The recording and order procedure is the same as for emergency use.

1. **Convalescent and Respite Clients:**

* The client who is admitted for a stay of **3 days or less**, who has brought in medications from home, the pharmacy will generate a MAR to be used for their 3 day stay. The client’s own medication supply will be used.
* Clients discharged from Convalescent and Respite will have all current medications sent home with them.

1. **Medication administration time scheduling for LTC:**

In order to standardize medication administration times, pharmacy will schedule written medication orders as follows (unless otherwise noted on pharmacy label):

|  |  |
| --- | --- |
| **Written As** | **Scheduled As** |
| Every 4 hours - Q4H | 04-08-12-16-20-24 |
| Every 6 hours - Q6H | 08-12-17-21 |
| Every 8 hours - Q8H | 08-14-21 |
| Every 12 hours - Q12H | 08-21 |
| Every 24 hours - Q24H | 08 |
| OD | 08 |
| BID | 08-17 |
| TID | 08-12-17 |
| QID | 08-12-17-21 |
| HS | 21 |

**Specific Drug Administration Times**:

* Digoxin (Toloxin) - 1200
* Warfarin - 1700
* Didrocal (Eti-Cal) - 2100
* Alendronate (Fosamax) – 1000
* Risedronate (Actonel) - 1000

**Exceptions**:

* Metoclopramide - 0730-1130-1630-2100
* Domperidone – 0730-1130-1630-2100
* Rabeprazole, Pantoprazole, Nexium,etc. – 0730
* Misoprostol - 0830-1230-1730-2100

**Antibiotics:**

The following antibiotics should be given on an empty stomach:

* Ampicillin
* Cloxacillin
* Cipro (ciprofloxacin)
* Avelox (moxifloxacin)
* Levaquin (levofloxacin)
* Tetracycline

The administration times for these antibiotics will be scheduled at:

* 0700
* 1100
* 1600
* 2100

**Before Meals (AC):**

* 0730
* 1130
* 1630
* 2100

**Nitropatches:**

* Patch ON at HS ( 2100)
* Patch OFF in morning (0800)

Source:

* Jack Mullock, College Avenue Drugs.

**Approval/Implementation/Evaluation Process**

Date Approved: June 1, 2005

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medication Reconciliation

**POLICY:**

Medication Reconciliation is a formal process for obtaining the Best Possible Medication History (BPMH) as a resident / client enters the WBSCH circle of care. The BPMH is an important part of the clinical picture. It is designed to gather medication information for a variety of sources. The goal is to have the Nurse, Pharmacist and the Physician participate in the medication reconciliation process to reduce discrepancies and potential harm to residents / clients. From community, as appropriate / able, the resident / client and family will be involved in the medication reconciliation process.

**EQUIPMENT:**

* WBSCH Physician Order Sheet
* WBSCH Physician Medical Admission Checklist

**PROCEDURE:**

**ADMISSION FROM COMMUNITY / LTC**:

1. Interview resident / client and family to obtain list of medications received in community.
2. On the WBSCH Physician Order Sheet, list all the medications that the resident received in community. Include over the counter medications.
   * At bottom of the list of medication(s) write / identify the **source** where medication information was obtained (e.g.: client’s pharmacy print-out, information obtained from client’s medication vials, etc).
3. Notify the physician of all medications received in community, including over the counter medications.
4. Obtain physician orders:
   * Note on WBSCH Physician Order Sheet for each medication, if the order is to be continued (**C**) or discontinued (**D**).
     + For discontinued order, draw a straight line thru the medication and (**D**).
   * WBSCH Physician Medical Admission Checklist
5. Fax completed WBSCH Physician Order Sheet and WBSCH Physician Medical Admission checklist to the physician (for signature) and to Pharmacy.
6. As soon as received, pharmacy will complete the BPMH / medication reconciliation, between the WBSCH Physician Order Sheet and PIP (Patient Information Profile) to determine if there are any medication discrepancies (e.g.: community PIP medications, dosage (range), potential drug interactions, etc).
7. Pharmacy will contact the RN / RPN to discuss identify discrepancies in the medication reconciliation.
   * Pharmacy or the RN / RPN will contact the physician regarding identified discrepancies in the medication reconciliation.

**ADMISSION FROM ACUTE CARE**:

1. Review list of medications client received in Acute (e.g.: MAR, Patient Profile, script).
2. On WBSCH Physician Order Sheet, list all the medications that the resident was receiving in acute. Include PRNs.
   * At bottom of the list of medication(s) write / identify the **source** where information was obtained (e.g.: MAR, Patient Profile, script).
3. Notify the physician of medications received in acute. Obtain orders.
   * Note on WBSCH Physician Order Sheet for each medication if the order is to be continued (**C**) or discontinued (**D**)
     + For discontinued order, draw a straight line thru the medication and (**D**).
   * WBSCH Physician Medical Admission Checklist
4. Fax to physician (for signature) the completed WBSCH Physician Order Sheet and WBSCH admission checklist.
5. Fax to Pharmacy the WBSCH Physician Order Sheet, WBSCH Physician Medical Admission Checklist and Hospital MAR / Patient Profile.
6. As soon as received, pharmacy will complete the BPMH / medication reconciliation, between the WBSCH Physician Order Sheet, WBSCH Physician Medical Admission Checklist, Hospital MAR / Patient Profile and PIP to determine if there are any medication discrepancies.
7. Pharmacy will contact the RN / RPN to discuss identify discrepancies in the medication reconciliation.
   * Pharmacy or the RN / RPN will contact the physician regarding identified discrepancies in the BPMH / medication reconciliation.

**READMISSION FROM ACUTE CARE**:

1. Upon admission to hospital, all previous medication orders discontinued.
2. Review list of medications client received in Acute (e.g.: MAR, Patient Profile, script).
3. On WBSCH Physician Order Sheet, list all the medications that the resident was receiving in acute. Include PRNs.
   * At bottom of the list of medication(s) write / identify the **source** where information was obtained (e.g.: MAR, Patient Profile, script).
4. Notify the physician of medications received in acute. Obtain orders.
   * Note on WBSCH Physician Order Sheet for each medication if to be continued (**C**) or discontinued (**D**)
     + For discontinued order, draw a straight line thru the medication and (**D**).
   * WBSCH Physician Medical Admission Checklist
5. Fax to the physician (for signature) the WBSCH Physician Order Sheet and the WBSCH Physician Medical Admission Checklist.
   * Also fax a copy of the Hospital MAR / Patient Profile and previous WBSCH MAR (indicating medications prior hospitalization). This will enable physician to complete medication reconciliation.
6. Fax to the Pharmacy a copy of the WBSCH Physician Order Sheet, WBSCH Physician Medical Admission Checklist and the Hospital MAR / Patient Profile.
7. As soon as received, pharmacy to complete comparison / reconciliation, between the WBSCH Physician Order Sheet, WBSCH Physician Medical Admission Checklist, and Hospital MAR / Patient Profile to determine if there are any medication discrepancies.
8. Pharmacy will contact the RN / RPN to discuss identify discrepancies in the medication reconciliation.
   * either Pharmacy or the RN / RPN will contact the physician regarding identified discrepancies

In all of the above:

1. Use the WBSCH Physician Order Sheet
2. On the WBSCH Physician Order Sheet, identify the **source** where medication information was obtained
3. Make notes on the WBSCH Physician Order Sheet of your discussion with physician (e.g.: continue, discontinue)
4. Notify Physician / Pharmacy immediately if you have concerns regarding the medication order.

**Approval/Implementation/Evaluation Process**

Date Approved / Revised: December 1, 2010

Review date: April 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Naloxone Hcl Policy

**POLICY:**

A Physician’s Order is required to administer Subcutaneous Naloxone HCL (Narcan). There is no standing order.

Naloxone is an opioid antagonist used to counteract adverse effects of opioid analgesics (i.e. respiratory depression, excessive sedation).

Administration of Narcan (Naloxone) is a special nursing procedure, to be administered by RN / RPN.

|  |
| --- |
| **NURSING ALERT**:   * **Physician’s Order is required to administer Subcutaneous Naloxone. There is no standing order.** * An excessive dosage of Naloxone may result in excitement and significant reversal of analgesia. * The duration of action of subcutaneous Naloxone is unpredictable. * Monitor the client closely as the clinical effect of Naloxone may be shorter than the duration of action of the opioid. Monitor BP, Pulse, Respiratory Rate, Oxygen Saturation and level of consciousness. * Excessive dosage of Naloxone may result in agitation and significant reversal of analgesia * Side effects of Naloxone include: nausea, vomiting, sweating, hypotension, hypertension, acute anxiety, tachypnea, tachycardia, pulmonary edema (rare), tremulousness, cardiac arrest. * Naloxone must be used cautiously in clients who exhibit opioid dependence or extreme pain. Withdrawal symptoms or the return of severe pain may occur. * The recommended dose for palliative clients is Naloxone 0.2 – 0.4 mg subcutaneous. |

**PROCEDURE:**

1. Assess resident / client – if difficulty or unable to arouse or respiratory rate less than or equal to 6 respirations / minute (signs of excessive sedation or profound respiratory depression)
2. Hold opioid
3. Administer oxygen at 6LMP via simple mask and encourage breathing.
4. Notify physician immediately to obtain order for Naloxone (Narcan).
5. Notify Manager on call of situation
6. Administer 0.2mg Subcutaneous every 5 minutes PRN until patient rouses or respiratory rate is greater than 8 respirations / minute (or as per physician order). \*\* Duration of action is approximately 30 minutes to 2 hours\*\*
7. Monitor sedation, BP, HR, RR & O2 saturation every 15 minutes for 2 hours
8. Once condition is stable, continue to monitor every 15 minutes for the next 2 hours
9. Call physician for further instructions as required
10. **NOTE** that some opioids effects will last longer than that of Naloxone, in particular oral long-acting preparations such as: Hydromorph Contin, MS Contin & Methadone. The patient may need to be monitored up to 12 hours on these products. This is why ongoing monitoring is very important. Report any concerns to the physician immediately, including pain crisis following Naloxone.
11. Document

**SOURCE**: RQHR Nursing Guideline Subcutaneous Naloxone HCL (Narcan), Palliative Care Unit 3A (2009)

**Approval/Implementation/Evaluation Process**

Date Approved: November 14, 2011

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Narcotic Distribution And Documentation

**POLICY:**

This policy is written to provide direction to regulated nursing staff (LPN / RN / RPN) on the requirements for narcotic distribution and documentation.

Controlled substances under the Controlled Drug and Substances Act (1996) includes narcotics, controlled drugs and targeted substances. The Act directs licensed organizations to maintain accountability for acquired controlled substances.

Established systems are required for appropriate storage, security, dispensing, administration and disposal of these drugs. The LPN / RN / RPN who administers controlled substances to residents / clients is accountable for accurately and properly handling such substances.

**EQUIPMENT:**

* Narcotic and Controlled Drug Count sheet
* RQHR Confidential Occurrence Report form

**PROCEDURE:**

* Utilizing the Narcotic/Controlled Drug Count sheet, record the date, time, resident / client name and physician name under the appropriate column. Record the dose given in the dose given column and then reduce the amount of the appropriate drug in the drug column, sign / initial at the right hand side.
* If the complete dose is not being used, mark the dose given in the dose given column and the amount wasted in the wastage column, continue as above. All wasted narcotics must be double signed (2 regulated nursing staff). Waste narcotic amounts are disposed into sharps containers (not the garbage or sink).
* If you are receiving stock from the pharmacy, on the left hand side, write the date and time, “received from pharmacy” and the amount in the dose given column. Adjust the on hand quantities in the appropriate drug columns and sign on the right hand side. The received narcotic count should be double signed (2 regulated nursing staff).
* At shift change, both regulated nursing staff shall count the narcotics together. On the left hand column write, date and time, “shift count”, the amount of each narcotic drug on hand in the appropriate column, and on the right hand side both regulated nursing staff shall initial the count.
* In the case of a count discrepancy, a RQHR Confidential Occurrence Report form will be filled out immediately and turned in to the Director of Care / designate for follow-up / investigation.
* In the case of a count discrepancy with a liquid narcotic, 5% discrepancy is permitted. For a higher discrepancy, a RQHR Confidential Occurrence Report form will be filled out immediately and turned in to the Director of Care / designate for follow-up / investigation.
* When a Narcotic/Controlled Drug Count sheet is filled up, the quantities will be transcribed by the regulated nursing staff on duty to a new Narcotic/Controlled Drug Count sheet. Record all amounts on the brought forward line and sign on the right hand side. A copy of the full Narcotic/Controlled Drug Count sheet must be sent to pharmacy and the original kept in a designated file at WBSCH.
* Any new order for a narcotic must include the name of the drug, strength, route, administration frequency, date, physician’s name and quantity prescribed.
* To reorder Narcotic medications from the pharmacy, remove the reorder label from the card, place it on a reorder sheet and fax it or call it in to the pharmacy. It is advisable to reorder when there is 72-96hours of medication remaining.
* Any administration requiring a dosage conversion must be checked by another regulated nursing g staff or pharmacist
* If a resident / client has brought in narcotic medication with them. Enter the narcotic medication on the Narcotic/Controlled Drug Count sheet as “received from patient” and then complete the entry in the same manner as above.
* RWGH clients - the narcotic medication is sent to pharmacy for disposal.
* Newton clients – the narcotic medication is sent home with client (upon discharge), if the client remains on the narcotic medication at discharge. 2 regulated nursing staff sign that narcotic medication sent home with client.

**Pharmacy Distribution**:

* **Oral Narcotic** tablets and capsules will be distributed by pharmacy in "purple" 35 day Manrex plastic cards, in order to differentiate them.
* All Oral or injectable liquids and Narcotic patches are identified with an "N" on the product label in front of the DIN or product name and the prescription number on the label starts with a "9" all other regular products do not. The MAR will also state "Narcotic" on the first scheduling time.
* **Injectable narcotics** dosage dispensed by pharmacy will be as follows:
* Hydromorphone
  + 0.1mg-2mg - 2mg/ml ampoule
  + 2.1mg-10mg – 10mg/ml ampoule
  + 10.1mg - 100mg – 50mg/ml ampoule
* Morphine
  + 0.1-10mg – 10mg/ml ampoule
  + 10.1mg-100mg – 50mg/ml ampoule

|  |
| --- |
| NURSING ALERT:   * Prime the subcutaneous line with the appropriate concentration of narcotic. |

* Methadone
  + The standard concentration will be 10mg/ml sent from the pharmacy.
  + For doses of 20mg or over for buccal administration, then a concentration of 50mg/ml will be used with the strength highlighted in green.
  + For doses <1mg, for buccal administration, a concentration of 1mg/ml will be used highlighted in orange.
  + Oral tablets will be sent for oral orders whenever possible.
* Liquid Narcotic
* For narcotic solution bottles, once you come to the end of the bottle and there is not enough left for a full dose, document the amount as wastage on the narcotic control sheet. The difference between the narcotic count and the volume in the new bottle must be wasted (not just the actual volume left in the bottle). All wasted narcotics must be double signed (2 regulated nursing staff).
  + The new Narcotic solution bottle should be started for the entire dosage. On the Narcotic / Controlled Drug Count sheet it should recorded as “new bottle” and the bottle amount (ie.100mls). This is done to account for inconsistencies in the drawn up amount.
  + If the wasted amount is greater than a + or – 5% of the bottle, (i.e.: for 100mls that would be 5mls) then a RQHR Confidental Occurrence Report form will need to be filled out. A discrepancy less than 5% is acceptable.

**Wastage of Narcotics**

* Requirement of TWO signatures. The individual signing for the wastage must observe the wastage:
* Waste narcotic amounts are disposed into sharps container (not the garbage or sink).
* When a partial amp / vial of a solution is administered, wastage of remaining solution requires a witness. Two (2) signature are required, the nurse wasting and the witness.
* Narcotic patches (i.e.: fentanyl) removal and destruction requires a witness and two (2) signatures, the nurse wasting and the witness.

**Narcotic storage**

* All narcotics must be stored behind two differently keyed locks at all times (locked medication room door and locked narcotic box / cupboard)
* Narcotic keys must be carried at all times by the nurses who are assigned responsibility for them.
* Missing keys must be reported immediately to Director of Care / designate.

**RESPONSIBLE OFFICERS:**

* Pharmacist
* Director of Care
* Care Managers
* LPN / RN / RPN

**SOURCE**:

* Jack Mullock, Pharmacist College Avenue Drugs
* SRNA Medication Administration Guidelines for Registered Nurses

**Approval/Implementation/Evaluation Process**

Date Approved: July 28, 2004

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Narcotic And Controlled Drug Orders

**POLICY:**

This policy is written to provide direction (procedure) for when narcotic and controlled medications are ordered at WBSCH.

Controlled substances under the Controlled Drug and Substances Act (1996) includes narcotics, controlled drugs and targeted substances. The Act directs licensed organizations to maintain accountability for acquired controlled substances.

Established systems are required for appropriate storage, security, dispensing, administration and disposal of these drugs. The LPN / RN / RPN who administers controlled substances to residents / clients is accountable for accurately and properly handling such substances.

|  |
| --- |
| **NOTE:**  In the past, the orders for narcotic and controlled medications at WBSCH have been written in a similar manner to hospital orders for narcotics and controlled drugs. However, narcotic and controlled drug orders in long term care facilities, such as WBSCH, do not fall under the Hospital Act. Instead, the regulations pertaining to these medications fall under the Narcotic Control Regulations Act and Controlled Drugs and Substances Act set forth by Health Canada. Therefore, these orders, by law, can no longer be written as they would be in hospital orders, but instead must be written similar to what is seen in community practice. Specifically, all narcotic and controlled medication orders ***must*** have the total quantity to be dispensed indicated in both written **AND** numerical quantities to be considered legal. For example, an order for a resident / client at WBSCH / RWGH for hydromorphone 4mg orally every 4 hours must have a total quantity indicated and cannot just be a standing order. Total quantity must be written similarly as follows:   * Hydromorphone 4mg oral route, every 4 hours * Total quantity 210 tablets (two hundred ten)   Narcotic medications are any medication that contains a substance listed in the schedule of the Narcotic Control Regulation Act. Common examples of these medications are as follows: codeine, MS contin, oxycontin, OxyNeo, hydromorphone, Tylenol #3, tussinex, fentanyl, etc. (SEE APPENDIX A).  Controlled medications are any medications with ingredients included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act. Common examples of these medications are as follows: methylphenidate (Concerta, Ritalin), Adderall, phenobarbital, testosterone, etc. (SEE APPENDIX B).  In addition, this change in policy will affect the RWGH night cupboard, where narcotic and controlled medications are stored. All these medications must have an order from a physician. In the case of methadone, the order must come from a prescriber with the appropriate methadone prescribing license. An up to date inventory must be kept at all times, and a record of all drugs entering and leaving the RWGH night cupboard must be recorded and appropriate orders provided to the pharmacy. |

**PROCEDURE:**

**Orders:**

All narcotic and controlled drug orders for residents / clients will contain the following criteria in order to comply with the regulations set forth in the Narcotic Control Regulations Act and Controlled Drugs and Substances Act:

1. Name of resident / client, with secondary identification (preferably birth date, HSN#)
2. Name of medication
3. Complete directions indicating dose, interval (if required), and route of administration
4. Total quantity (in both written and numerical format)
5. If a specific dispensing interval is requested (the practice of part-filling), the amount and interval must be specified. This may also be left for the pharmacy to do provided a total quantity and directions are given.
6. All orders must be supplied to the pharmacy in written/faxed form
7. All orders must be signed by a physician and this signed order must be supplied to the pharmacy within 3 days of the order being given
8. The name of the resident /client must be specified unless the medication is being ordered for the RWGH night cupboard supply.

**RWGH Night Cupboard:**

All narcotic and controlled medications stored in the WBSCH RWGH night cupboard must have an order written by a physician. Since methadone is stocked in this cupboard and only a physician with an appropriate methadone prescribing license can order methadone, it is required that a methadone dispensing pharmacist be responsible for ordering all narcotics in the night cupboard.

Recommended quantities to have on hand in this cupboard are included on the attached sheet. These amounts shall be similar to what has been kept previously. These orders must be renewed at a maximum of every 12 months, as prescription orders are only valid for 12 months. An active effort to make sure all narcotics present are not expired and have an active order must be made by both pharmacy and nursing staff. Quarterly assessments will be performed by pharmacy to assure adequate inventory and procedures are being followed. Depending on use, the narcotics and controlled medications will likely be ordered more often than this, possibly monthly.

In addition, all narcotics and controlled medications that enter or leave must be recorded on the appropriate MAR sheets, as has been previously done. The RWGH night cupboard order documentation sheet must be filled out with each order and provided to the pharmacy when the sheet is full. All medication deposits or withdrawals must have an associated order, and this order must be provided to pharmacy and follow the **7 criteria** listed at the beginning of this section.

**RESPONSIBLE OFFICERS:**

* Pharmacist
* Director of Care
* Care Managers
* LPN / RN / RPN

**SOURCE**:

* Jack Mullock, Pharmacist College Avenue Drugs
* Health Canada, Narcotic Control Regulations Act
* Health Canada, Controlled Drugs and Substances Act

**Approval/Implementation/Evaluation Process**

Date Approved: July 28, 2015

Review date: September 26, 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX A – NARCOTIC CONTROL REGULATIONS SCHEDULE**

1. Opium Poppy (Papaver somniferum), its preparations, derivatives, alkaloids and salts, including:

(1)Opium

(2)Codeine (methylmorphine)

(3) Morphine (7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol)

(4)Thebaine (paramorphine)

and the salts, derivatives and salts of derivatives of the substances set out in subitems (1) to (4), including:

(5) Acetorphine (acetyletorphine)

(6) Acetyldihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol acetate)

(7) Benzylmorphine (7,8-didehydro-4,5-epoxy-17-methyl-3-(phenylmethoxy) morphinan-6-ol)

(8) Codoxime (dihydrocodeinone O-(carboxymethyl)oxime)

(9) Desomorphine (dihydrodeoxymorphine)

(10) Diacetylmorphine (heroin)

(11) Dihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol)

(12) Dihydromorphine (4,5-epoxy-17-methylmorphinan-3,6-diol)

(13) Ethylmorphine (7,8-didehydro-4,5-epoxy-3-ethoxy-17-methylmorphinan-6-ol)

(14) Etorphine (tetrahydro-7α-(1-hydroxy-1-methylbutyl)-6,14-endo-ethenooripavine)

(15) Hydrocodone (dihydrocodeinone)

(16) Hydromorphinol (dihydro-14-hydroxymorphine)

(17) Hydromorphone (dihydromorphinone)

(18) Methyldesorphine (Δ6-deoxy-6-methylmorphine)

(19) Methyldihydromorphine (dihydro-6-methylmorphine)

(20) Metopon (dihydromethylmorphinone)

(21) Morphine-N-oxide (morphine oxide)

(22) Myrophine (benzylmorphine myristate)

(23) Nalorphine (N-allylnormorphine)

(24) Nicocodine (6-nicotinylcodeine)

(25) Nicomorphine (dinicotinylmorphine)

(26) Norcodeine (N-desmethylcodeine)

(27) Normorphine (N-desmethylmorphine)

(28) Oxycodone (dihydrohydroxycodeinone)

(29) Oxymorphone (dihydrohydroxymorphinone)

(30) Pholcodine (3-[2-(4-morpholinyl)ethyl]morphine)

(31) Thebacon (acetyldihydrocodeinone)

but not including:

(32) Apomorphine (5,6,6a,7-tetrahydro-6-methyl-4H-dibenzo[de,g]-quinoline-10,11-diol)

(33) Cyprenorphine (N-(cyclopropylmethyl)-6,7,8,14-tetrahydro-7α-(1-hydroxy-1-methylethyl)-6,14-endo-ethenonororipavine)

(34) Nalmefene (17-(cyclopropylmethyl)-4,5α-epoxy-6-methylenemorphinan-3,14-diol)

(34.1) Naloxone (4,5α-epoxy-3,14-dihydroxy-17-(2-propenyl)morphinan-6-one)

(34.2) Naltrexone (17-(cyclopropylmethyl)-4,5α-epoxy-3,14-dihydroxymorphinan-6-one)

(35) Narcotine (6,7-dimethoxy-3-(5,6,7,8-tetrahydro-4-methoxy-6-methyl-1,3-dioxolos[4,5-g]isoquinolin-5-yl)-1(3H)-isobenzofuranone)

(36) Papaverine (1-[(3,4-dimethoxyphenyl)methyl]-6,7- dimethoxyisoquinoline)

(37) Poppy seed

2. Coca (Erythroxylon), its preparations, derivatives, alkaloids and salts, including:

(1) Coca leaves

(2) Cocaine (benzoylmethylecgonine)

(3) Ecgonine (3-hydroxy-2-tropane carboxylic acid)

3. Phenylpiperidines, their intermediates, salts, derivatives and analogues and salts of intermediates, derivatives and analogues, including:

(1) Allylprodine (3-allyl-1-methyl-4-phenyl-4-piperidinol propionate)

(2) Alphameprodine (α-3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)

(3) Alphaprodine (α-1,3-dimethyl-4-phenyl-4-piperidinol propionate)

(4) Anileridine (ethyl 1-[2-(p-aminophenyl) ethyl]-4-phenylpiperidine-4-carboxylate)

(5) Betameprodine (ß-3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)

(6) Betaprodine (ß-1,3-dimethyl-4-phenyl-4-piperidinol propionate)

(7) Benzethidine (ethyl 1-(2-benzyloxyethyl)-4-phenylpiperidine-4-carboxylate)

(8) Diphenoxylate (ethyl 1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)

(9) Difenoxin (1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)

(10) Etoxeridine (ethyl 1-[2-(2-hydroxyethoxy) ethyl]- 4-phenylpiperidine-4-carboxylate)

(11) Furethidine (ethyl 1-(2-tetrahydrofurfuryloxyethyl)- 4-phenylpiperidine-4-carboxylate)

(12) Hydroxypethidine (ethyl 4-(m-hydroxyphenyl)-1-methylpiperidine-4-carboxylate)

(13) Ketobemidone (1-[4-(m-hydroxyphenyl)-1-methyl-4-piperidyl]-1-propanone)

(14) Methylphenylisonipecotonitrile (4-cyano-1-methyl-4-phenylpiperidine)

(15) Morpheridine (ethyl 1-(2-morpholinoethyl)-4- phenylpiperidine-4-carboxylate)

(16) Norpethidine (ethyl 4-phenylpiperidine-4-carboxylate)

(17) Pethidine (ethyl 1-methyl-4-phenylpiperidine-4-carboxylate)

(18) Phenoperidine (ethyl 1-(3-hydroxy-3-phenylpropyl)-4-phenylpiperidine-4-carboxylate)

(19) Piminodine (ethyl 1-[3-(phenylamino)propyl]-4-phenylpiperidine-4-carboxylate)

(20) Properidine (isopropyl 1-methyl-4-phenylpiperidine-4- carboxylate)

(21) Trimeperidine (1,2,5-trimethyl-4-phenyl-4-piperidinol propionate)

(22) Pethidine Intermediate C (1-methyl-4-phenylpiperidine-4-carboxylate)

but not including

(23) Carbamethidine (ethyl 1-(2-carbamylethyl)-4-phenylpiperidine-4-carboxylate)

(24) Oxpheneridine (ethyl 1-(2-hydroxy-2-phenylethyl)-4-phenylpiperidine-4-carboxylate)

4. Phenazepines, their salts, derivatives and salts of derivatives including:

(1) Proheptazine (hexahydro-1,3-dimethyl-4-phenyl-1Hazepin-4-ol propionate)

but not including

(2) Ethoheptazine (ethyl hexahydro-1-methyl-4-phenylazepine-4-carboxylate)

(3) Metethoheptazine (ethyl hexahydro-1,3-dimethyl-4-phenylazepine-4-carboxylate)

(4) Metheptazine (ethyl hexahydro-1,2-dimethyl-4-phenylazepine-4-carboxylate)

5. Amidones, their intermediates, salts, derivatives and salts of intermediates and derivatives, including:

(1) Dimethylaminodiphenylbutanonitrile (4-cyano-2-dimethylamino-4,4-diphenylbutane)

(2) Dipipanone (4,4-diphenyl-6-piperidino-3-heptanone)

(3) Isomethadone (6-dimethylamino-5-methyl-4,4-diphenyl-3-hexanone)

(4) Methadone (6-dimethylamino-4,4-diphenyl-3-heptanone)

(5) Normethadone (6-dimethylamino-4,4-diphenyl-3-hexanone)

(6) Norpipanone (4,4-diphenyl-6-piperidino-3-hexanone)

(7) Phenadoxone (6-morpholino-4,4-diphenyl-3-heptanone)

6. Methadols, their salts, derivatives and salts of derivatives, including:

(1) Acetylmethadol (6-dimethylamino-4,4-diphenyl-3-heptanol acetate)

(2) Alphacetylmethadol (α-6-dimethylamino-4,4-diphenyl-3-heptanol acetate)

(3) Alphamethadol (α-6-dimethylamino-4,4-diphenyl-3-heptanol)

(4) Betacetylmethadol (ß-6-dimethylamino-4,4-diphenyl-3-heptanol acetate)

(5) Betamethadol (ß-6-dimethylamino-4,4-diphenyl-3-heptanol)

(6) Dimepheptanol (6-dimethylamino-4,4-diphenyl-3-heptanol)

(7) Noracymethadol (α-6-methylamino-4,4-diphenyl-3-heptanol acetate)

7. Phenalkoxams, their salts, derivatives and salts of derivatives, including

(1) Dimenoxadol (dimethylaminoethyl 1-ethoxy-1,1-diphenylacetate)

(2) Dioxaphetyl butyrate (ethyl 2,2-diphenyl-4-morpholinobutyrate)

(3) Dextropropoxyphene ([S-(R\*,S\*)]-α-[2-(dimethylamino)-1-methylethyl]-α-phenylbenzeneethanol, propanoate ester)

8. Thiambutenes, their salts, derivatives and salts of derivatives, including:

(1) Diethylthiambutene (N,N-diethyl-1-methyl-3,3-di-2-thienylallylamine)

(2) Dimethylthiambutene (N,N,1-trimethyl-3,3-di-2-thienylallylamine)

(3) Ethylmethylthiambutene (N-ethyl-N,1-dimethyl-3,3-di-2-thienylallylamine)

9. Moramides, their intermediates, salts, derivatives and salts of intermediates and derivatives, including:

(1) Dextromoramide (d-1-(3-methyl-4-morpholino-2,2-diphenylbutyryl)pyrrolidine)

(2) Diphenylmorpholinoisovaleric acid (2-methyl-3-morpholino-1,1-diphenylpropionic acid)

(3) Levomoramide (l-1-(3-methyl-4-morpholino-2,2-diphenylbutyryl)pyrrolidine)

(4) Racemoramide (d,l-1-(3-methyl-4-morpholino-2,2- diphenylbutyryl)pyrrolidine)

10. Morphinans, their salts, derivatives and salts of derivatives, including:

(1) Buprenorphine (17-(cyclopropylmethyl)-α-(1,1-dimethylethyl)-4,5-epoxy-18,19-dihydro-3-hydroxy-6-methoxy-α-methyl-6,14-ethenomorphinan-7-methanol)

(2) Drotebanol (6ß,14-dihydroxy-3,4-dimethoxy-17-methylmorphinan)

(3) Levomethorphan (1-3-methoxy-17-methylmorphinan)

(4) Levorphanol (1-3-hydroxy-17-methylmorphinan)

(5) Levophenacylmorphan (1-3-hydroxy-17-phenacylmorphinan)

(6) Norlevorphanol (1-3-hydroxymorphinan)

(7) Phenomorphan (3-hydroxy-17-(2-phenylethyl)morphinan)

(8) Racemethorphan (d,1-3-methoxy-17-methylmorphinan)

(9) Racemorphan (d, l-3-hydroxy-N-methylmorphinan)

but not including

(10) Dextromethorphan (d-1,2,3,9,10,10a-hexahydro-6- methoxy-11-methyl-4H-10,4a-iminoethanophenanthren)

(11) Dextrorphan (d-1,2,3,9,10,10a-hexahydro-11-methyl-4H-10,4a-iminoethanophenanthren-6-ol)

(12) Levallorphan (l-11-allyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethanophenanthren-6-ol)

(13) Levargorphan (l-11-propargyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethanophenanthren-6-ol)

(14) Butorphanol (17-(cyclobutylmethyl)morphinan-3,14-diol)

(15) Nalbuphine (17-(cyclobutylmethyl)-4,5α-epoxymorphinan-3,6α,14-triol)

11. Benzazocines, their salts, derivatives and salts of derivatives, including:

(1) Phenazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl- 3-phenethyl-2,6-methano-3-benzazocin-8-ol)

(2) Metazocine (1,2,3,4,5,6-hexahydro-3,6,11-trimethyl-2,6-methano-3-benzazocin-8-ol)

(3) Pentazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(3-methyl-2-butenyl)-2,6-methano-3-benzazocin-8-ol)

but not including

(4) Cyclazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(cyclopropylmethyl)-2,6-methano-3-benzazocin-8-ol)

12. Ampromides, their salts, derivatives and salts of derivatives, including:

(1) Diampromide (N-[2-(methylphenethylamino)propyl]propionanilide)

(2) Phenampromide (N-(1-methyl-2-piperidino)ethyl)propionanilide)

(3) Propiram (N-(1-methyl-2-piperidinoethyl)-N-2- pyridylpropionamide)

13. Benzimidazoles, their salts, derivatives and salts of derivatives, including:

(1) Clonitazene (2-(p-chlorobenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole)

(2) Etonitazene (2-(p-ethoxybenzyl)-1-diethylaminoethyl-5- nitrobenzimidazole)

14. Phencyclidine (1-(1-phenylcyclohexyl)piperidine), its salts, derivatives and analogues and salts of derivatives and analogues, including:

(1) Ketamine (2-(2-chlorophenyl)-2- (methylamino)cyclohexanone)

15. Fentanyls, their salts, derivatives, and analogues and salts of derivatives and analogues, including:

(1) Acetyl-α-methylfentanyl (N-[1-(α-methylphenethyl)-4-piperidyl]acetanilide)

(2) Alfentanil (N-[1-[2-(4-ethyl-4,5-dihydro-5-oxo-1H-tetrazol-1-yl)ethyl]-4-(methoxymethyl)-4- piperidyl]propionanilide)

(3) Carfentanil (methyl 4-[(1-oxopropyl)phenylamino]-1- (2-phenethyl)-4-piperidinecarboxylate)

(4) p-Fluorofentanyl (4′ fluoro-N-(1-phenethyl-4-piperidyl) propionanilide)

(5) Fentanyl (N-(1-phenethyl-4-piperidyl)propionanilide)

(6) ß-Hydroxyfentanyl (N-[1-(ß-hydroxyphenethyl)-4- piperidyl] propionanilide)

(7) ß-Hydroxy-3-methylfentanyl (N-[1(ß-hydroxyphenethyl)-3-methyl-4-piperidyl] propionanilide)

(8) α-Methylfentanyl (N-[1-(α-methylphenethyl)-4- piperidyl] propionanilide)

(9) α-Methylthiofentanyl (N-[1-[1-methyl-2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)

(10) 3-Methylfentanyl (N-(3-methyl-1-phenethyl-4-piperidyl) propionanilide)

(11) 3-Methylthiofentanyl (N-[3-methyl-1-[2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)

(11.1) Remifentanil (dimethyl 4-carboxy-4-(N-phenylpropionamido)-1-piperidinepropionate)

(12) Sufentanil (N-[4-(methoxymethyl)-1-[2-(2-thienyl)ethyl]-4- piperidyl] propionanilide)

(13) Thiofentanyl (N-[1-[2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)

16. Tilidine (ethyl 2-(dimethylamino)-1-phenyl-3-cyclohexene-1-carboxylate), its salts, derivatives and salts of derivatives

17. Cannabis, its preparations, derivatives and similar synthetic preparations, including:

(1) Cannabis resin

(2) Cannabis (marihuana)

(3) Cannabidiol (2-[3-methyl-6-(1-methylethenyl- 2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol)

(4) Cannabinol (3-n-amyl-6,6,9-trimethyl-6-dibenzo-pyran-1-ol)

(5) Nabilone((±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,- 10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one)

(6) Pyrahexyl (3-n-hexyl-6,6,9-trimethyl-7,8,9,10- tetrahydro-6-dibenzopyran-1-ol)

(7) Tetrahydrocannabinol(tetrahydro-6,6,9-trimethyl-3- pentyl-6H-dibenzo[b,d]pyran-1-ol)

(7.1) 3-(1,2-dimethylheptyl)-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol (DMHP)

but not including

(8) Non-viable Cannabis seed, with the exception of its derivatives

(9) Mature Cannabis stalks that do not include leaves, flowers, seeds or branches; and fiber derived from such stalks

**APPENDIX B – CONTROLED DRUGS AND SUBSTANCES ACT SCHEDULES I, II, III, IV, AND V**

**SCHEDULE I**

**(Sections 2 to 7, 29, 55 and 60)**

1. Opium Poppy (Papaver somniferum), its preparations, derivatives, alkaloids and salts, including:

(1) Opium

(2) Codeine (methylmorphine)

(3) Morphine (7,8–didehydro–4,5–epoxy–17–methylmorphinan–3,6–diol)

(4) Thebaine (paramorphine)

and the salts, derivatives and salts of derivatives of the substances set out in subitems (1) to (4), including:

(5) Acetorphine (acetyletorphine)

(6) Acetyldihydrocodeine (4,5–epoxy–3–methoxy–17–methylmorphinan–6–ol acetate)

(7) Benzylmorphine (7,8–didehydro–4,5–epoxy–17–methyl–3–(phenylmethoxy) morphinan–6–ol)

(8) Codoxime (dihydrocodeinone O–(carboxymethyl) oxime)

(9) Desomorphine (dihydrodeoxymorphine)

(10) Diacetylmorphine (heroin)

(11) Dihydrocodeine (4,5–epoxy–3–methoxy–17–methylmorphinan–6–ol)

(12) Dihydromorphine (4,5–epoxy–17–methylmorphinan–3,6–diol)

(13) Ethylmorphine (7,8–didehydro–4,5–epoxy–3–ethoxy–17–methylmorphinan–6–ol)

(14) Etorphine (tetrahydro–7α–(1–hydroxy–1–methyl-butyl)–6,14–endo–ethenooripavine)

(15) Hydrocodone (dihydrocodeinone)

(16) Hydromorphinol (dihydro–14–hydroxymorphine)

(17) Hydromorphone (dihydromorphinone)

(18) Methyldesorphine (Δ6–deoxy–6–methylmorphine)

(19) Methyldihydromorphine (dihydro–6–methylmorphine)

(20) Metopon (dihydromethylmorphinone)

(21) Morphine–N–oxide (morphine oxide)

(22) Myrophine (benzylmorphine myristate)

(23) Nalorphine (N–allylnormorphine)

(24) Nicocodine (6–nicotinylcodeine)

(25) Nicomorphine (dinicotinylmorphine)

(26) Norcodeine (N–desmethylcodeine)

(27) Normorphine (N–desmethylmorphine)

(28) Oxycodone (dihydrohydroxycodeinone)

(29) Oxymorphone (dihydrohydroxymorphinone)

(30) Pholcodine (3–[2–(4–morpholinyl)ethyl]morphine)

(31) Thebacon (acetyldihydrocodeinone)

but not including

(32) Apomorphine (5,6,6a,7–tetrahydro–6–methyl–4H–dibenzo[de,g]quinoline–10,11–diol)

(33) Cyprenorphine (N–(cyclopropylmethyl)–6,7,8,14–tetrahydro–7α–(1–hydroxy–1–methylethyl)–6,14–endo–ethenonororipavine)

(34) Nalmefene (17-(cyclopropylmethyl)-4,5α-epoxy-6-methylenemorphinan-3,14-diol)

(34.1) Naloxone (4,5α-epoxy-3,14-dihydroxy-17-(2-propenyl)morphinan-6-one)

(34.2) Naltrexone (17-(cyclopropylmethyl)-4,5α-epoxy-3,14-dihydroxymorphinan-6-one)

(35) Narcotine (6,7–dimethoxy–3–(5,6,7,8–tetra-hydro–4–methoxy–6–methyl–1,3–dioxolos [4,5–g]isoquinolin–5–yl)–1(3H)–isobenzofuranone)

(36) Papaverine (1–[(3,4–dimethoxyphenyl)methyl]–6,7–dimethoxyisoquinoline)

(37) Poppy seed

2. Coca (Erythroxylon), its preparations, derivatives, alkaloids and salts, including:

(1) Coca leaves

(2) Cocaine (benzoylmethylecgonine)

(3) Ecgonine (3–hydroxy–2–tropane carboxylic acid)

3. Phenylpiperidines, their intermediates, salts, derivatives and analogues and salts of intermediates, derivatives and analogues, including:

(1) Allylprodine (3–allyl–1–methyl–4–phenyl–4–piperidinol propionate)

(2) Alphameprodine (α–3–ethyl–1–methyl–4–phenyl–4–piperidinol propionate)

(3) Alphaprodine (α–1,3–dimethyl–4–phenyl–4–piperidinol propionate)

(4) Anileridine (ethyl 1–[2–(p–aminophenyl)ethyl]–4–phenylpiperidine–4–carboxylate)

(5) Betameprodine (ß–3–ethyl–1–methyl–4–phenyl–4–piperidinol propionate)

(6) Betaprodine (ß–1,3–dimethyl–4–phenyl–4–piperidinol propionate)

(7) Benzethidine (ethyl 1–(2–benzyloxyethyl)–4–phenylpiperidine–4–carboxylate)

(8) Diphenoxylate (ethyl 1–(3–cyano–3,3–diphenylpropyl)–4–phenylpiperidine–4–carboxylate)

(9) Difenoxin (1–(3–cyano–3,3–diphenylpropyl)–4–phenylpiperidine–4–carboxylate)

(10) Etoxeridine (ethyl 1–[2–(2–hydroxyethoxy) ethyl]–4–phenylpiperidine–4–carboxylate)

(11) Furethidine (ethyl 1–(2–tetrahydrofurfury loxyethyl)–4–phenylpiperidine–4–carboxylate)

(12) Hydroxypethidine (ethyl 4–(m–hydroxyphenyl)–1–methylpiperidine–4–carboxylate)

(13) Ketobemidone (1–[4–(m–hydroxyphenyl)–1–methyl–4–piperidyl]–1–propanone)

(14) Methylphenylisonipecotonitrile (4–cyano–1–methyl–4–phenylpiperidine)

(15) Morpheridine (ethyl 1–(2–morpholinoethyl)–4–phenylpiperidine–4–carboxylate)

(16) Norpethidine (ethyl 4–phenylpiperidine–4–carboxylate)

(17) Pethidine (ethyl 1–methyl–4–phenylpiperidine–4–carboxylate)

(18) Phenoperidine (ethyl 1–(3–hydroxy–3–phenylpropyl)–4–phenylpiperidine–4–carboxylate)

(19) Piminodine (ethyl 1–[3–(phenylamino)propyl]–4–phenylpiperidine–4–carboxylate)

(20) Properidine (isopropyl 1–methyl–4–phenylpiperidine–4–carboxylate)

(21) Trimeperidine (1,2,5–trimethyl–4–phenyl–4–piperidinol propionate)

(22) Pethidine Intermediate C (1–methyl–4–phenylpiperidine–4–carboxylate)

but not including

(23) Carbamethidine (ethyl 1–(2–carbamylethyl)–4–phenylpiperidine–4–carboxylate)

(24) Oxpheneridine (ethyl 1–(2–hydroxy–2–phenylethyl)–4–phenylpiperidine–4–carboxylate)

4. Phenazepines, their salts, derivatives and salts of derivatives including:

(1) Proheptazine (hexahydro–1,3–dimethyl–4–phenyl–1H–azepin–4–ol propionate)

but not including

(2) Ethoheptazine (ethyl hexahydro–1–methyl–4–phenyl–azepine–4–carboxylate)

(3) Metethoheptazine (ethyl hexahydro–1,3–dimethyl–4–phenylazepine–4–carboxylate)

(4) Metheptazine (ethyl hexahydro–1,2–dimethyl–4–phenylazepine–4–carboxylate)

5. Amidones, their intermediates, salts, derivatives and salts of intermediates and derivatives including:

(1) Dimethylaminodiphenylbutanonitrile (4–cyano–2–dimethylamino–4,4–diphenylbutane)

(2) Dipipanone (4,4–diphenyl–6–piperidino–3–heptanone)

(3) Isomethadone (6–dimethylamino–5–methyl–4,4–diphenyl–3–hexanone)

(4) Methadone (6–dimethylamino–4,4–diphenyl–3–heptanone)

(5) Normethadone (6–dimethylamino–4,4–diphenyl–3–hexanone)

(6) Norpipanone (4,4–diphenyl–6–piperidino–3–hexanone)

(7) Phenadoxone (6–morpholino–4,4–diphenyl–3–heptanone)

6. Methadols, their salts, derivatives and salts of derivatives including:

(1) Acetylmethadol (6–dimethylamino–4,4–diphenyl–3–heptanol acetate)

(2) Alphacetylmethadol (α–6–dimethylamino–4,4–diphenyl–3–heptanol acetate)

(3) Alphamethadol (α–6–dimethylamino–4,4–diphenyl–3–heptanol)

(4) Betacetylmethadol (ß–6–dimethylamino–4,4–diphenyl–3–heptanol acetate)

(5) Betamethadol (ß–6–dimethylamino–4,4–diphenyl–3–heptanol)

(6) Dimepheptanol (6–dimethylamino–4,4–diphenyl–3–heptanol)

(7) Noracymethadol (α–6–methylamino–4,4–diphenyl–3–heptanol acetate)

7. Phenalkoxams, their salts, derivatives and salts of derivatives including:

(1) Dimenoxadol (dimethylaminoethyl 1–ethoxy–1,1–diphenylacetate)

(2) Dioxaphetyl butyrate (ethyl 2,2–diphenyl–4–morpholinobutyrate)

(3) Dextropropoxyphene ([S–(R\*,S\*)]–α–[2–(dimethylamino)–1–methylethyl]–α–phenylbenzeneethanol, propanoate ester)

8. Thiambutenes, their salts, derivatives and salts of derivatives including:

(1) Diethylthiambutene (N,N–diethyl–1–methyl–3,3–di–2–thienylallylamine)

(2) Dimethylthiambutene (N,N,1–trimethyl–3,3–di–2–thienylallylamine)

(3) Ethylmethylthiambutene (N–ethyl–N,1–dimethyl–3,3–di–2–thienylallylamine)

9. Moramides, their intermediates, salts, derivatives and salts of intermediates and derivatives including:

(1) Dextromoramide (d–1–(3–methyl–4–morpholino–2,2–diphenylbutyryl)pyrrolidine)

(2) Diphenylmorpholinoisovaleric acid (2–methyl–3–morpholino–1,1–diphenylpropionic acid)

(3) Levomoramide (l–1–(3–methyl–4–morpholino–2,2–diphenylbutyryl)pyrrolidine)

(4) Racemoramide (d,l–1–(3–methyl–4–morpholino–2,2–diphenylbutyryl) pyrrolidine)

10. Morphinans, their salts, derivatives and salts of derivatives including:

(1) Buprenorphine (17–(cyclopropylmethyl)–α–(1,1–dimethylethyl)–4,5–epoxy–18,19–dihydro–3–hydroxy–6–methoxy–α–methyl–6,14–ethenomorphinan–7–methanol)

(2) Drotebanol (6ß,14–dihydroxy–3,4–dimethoxy–17–methylmorphinan)

(3) Levomethorphan (l–3–methoxy–17–methylmorphinan)

(4) Levorphanol (l–3–hydroxy–17–methylmorphinan)

(5) Levophenacylmorphan (l–3–hydroxy–17–phenacylmorphinan)

(6) Norlevorphanol (l–3–hydroxymorphinan)

(7) Phenomorphan (3–hydroxy–17–(2–phenylethyl)morphinan)

(8) Racemethorphan (d,1–3–methoxy–17–methylmorphinan)

(9) Racemorphan (d,l–3–hydroxy–N–methylmorphinan)

But not including

(10) Dextromethorphan (d–1,2,3,9,10,10a–hexahydro–6–methoxy–11–methyl–4H–10,4a–iminoethano–phenanthren)

(11) Dextrorphan (d–1,2,3,9,10,10a–hexahydro–11–methyl–4H–10,4a–iminoethanophenanthren–6–ol)

(12) Levallorphan (l–11–allyl–1,2,3,9,10,10a–hexahydro–4H–10,4a–iminoethanophenanthren–6–ol)

(13) Levargorphan (l–11–propargyl–1,2,3,9,10,10a–hexahydro–4H–10,4a–iminoethanophenanthren–6–ol)

(14) Butorphanol (17–(cyclobutylmethyl)morphinan–3,14–diol)

(15) Nalbuphine (17–(cyclobutylmethyl)–4,5α–epoxymorphinan–3,6α, 14–triol)

11. Benzazocines, their salts, derivatives and salts of derivatives including:

(1) Phenazocine (1,2,3,4,5,6–hexahydro–6,11–dimethyl–3–phenethyl–2,6–methano–3–benzazocin–8–ol)

(2) Metazocine (1,2,3,4,5,6–hexahydro–3,6,11–trimethyl–2,6–methano–3–benzazocin–8–ol)

(3) Pentazocine (1,2,3,4,5,6–hexahydro–6,11–dimethyl–3–(3–methyl–2–butenyl)–2,6–methano–3–benzazocin–8–ol)

but not including

(4) Cyclazocine (1,2,3,4,5,6–hexahydro–6,11–dimethyl–3–(cyclopropylmethyl)–2,6–methano–3–benzazocin–8–ol)

12. Ampromides, their salts, derivatives and salts of derivatives including:

(1) Diampromide (N–[2–(methylphenethylamino)propyl] propionanilide)

(2) Phenampromide (N–(1–methyl–2–piperidino) ethyl) propionanilide)

(3) Propiram (N–(1–methyl–2–piperidinoethyl)–N–2–pyridylpropionamide)

13. Benzimidazoles, their salts, derivatives and salts of derivatives including:

(1) Clonitazene (2–(p–chlorobenzyl)–1–diethylaminoethyl–5–nitrobenzimidazole)

(2) Etonitazene (2–(p–ethoxybenzyl)–1–diethylaminoethyl–5–nitrobenzimidazole)

(3) Bezitramide (1–(3–cyano–3,3–diphenylpropyl)–4–(2–oxo–3–propionyl–1–benzimidazolinyl)–piperidine)

14. Phencyclidine (1-(1-phenylcyclohexyl)piperidine), its salts, derivatives and analogues and salts of derivatives and analogues, including:

(1) Ketamine (2-(2-chlorophenyl)-2-(methylamino)cyclohexanone)

15. Piritramide (1–(3–cyano–3,3–diphenylpropyl)–4–(1–piperidino)piperidine–4–carboxylic acid amide), its salts, derivatives and salts of derivatives

16. Fentanyls, their salts, derivatives, and analogues and salts of derivatives and analogues, including:

(1) Acetyl–α–methylfentanyl (N–[1–(α–methylphenethyl)–4–piperidyl] acetanilide)

(2) Alfentanil (N–[1–[2–(4–ethyl–4,5–dihydro–5–oxo–1H–tetrazol–1–yl)ethyl]–4–(methoxymethyl)–4–piperidyl]propionanilide)

(3) Carfentanil (methyl 4–[(1–oxopropyl)phenylamino]–1–(2–phenethyl)–4–piperidinecarboxylate)

(4) p–Fluorofentanyl (4′fluoro–N–(1–phenethyl–4–piperidyl) propionanilide)

(5) Fentanyl (N–(1–phenethyl–4–piperidyl) propionanilide)

(6) ß–Hydroxyfentanyl (N–[1–(ß–hydroxyphenethyl)–4–piperidyl] propionanilide)

(7) ß–Hydroxy–3–methylfentanyl (N–[1–(ß–hydroxyphenethyl)–3–methyl–4–piperidyl] propionanilide)

(8) α–Methylfentanyl (N–[1–(α–methylphenethyl)–4–piperidyl] propionanilide)

(9) α–Methylthiofentanyl (N–[1–[1–methyl–2–(2–thienyl) ethyl]–4–piperidyl] propionanilide)

(10) 3–Methylfentanyl (N–(3–methyl–1–phenethyl–4–piperidyl) propionanilide)

(11) 3–Methylthiofentanyl (N–[3–methyl–1–[2–(2–thienyl) ethyl]–4–piperidyl] propionanilide)

(11.1) Remifentanil (dimethyl 4-carboxy-4-(N-phenylpropionamido)-1-piperidinepropionate)

(12) Sufentanil (N–[4–(methoxymethyl)–1–[2–(2–thienyl)ethyl]–4–piperidyl] propionanilide)

(13) Thiofentanyl (N–[1–[2–(2–thienyl)ethyl]–4–piperidyl] propionanilide)

17. Tilidine (ethyl2–(dimethylamino)–1–phenyl–3–cyclohexene–1–carboxylate), its salts, derivatives and salts of derivatives

17.1 Methylenedioxypyrovalerone (MDPV), its salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues

18. Methamphetamine (N,α-dimethylbenzeneethanamine), its salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues

19. Amphetamines, their salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues including:

(1) amphetamine (α-methylbenzene-ethanamine)

(2) N-ethylamphetamine (N-ethyl-α-methylbenzeneethanamine)

(3) 4-methyl-2,5-dimethoxyamphetamine (STP) (2,5-dimethoxy-4,α-dimethylbenzeneethanamine)

(4) 3,4-methylenedioxyamphetamine (MDA) (α-methyl-1,3-benzodioxole-5-ethanamine)

(5) 2,5-dimethoxyamphetamine (2,5-dimethoxy-α-methylbenzene-ethanamine)

(6) 4-methoxyamphetamine (4-methoxy-α-methylbenzene­ethanamine)

(7) 2,4,5-trimethoxyamphetamine (2,4,5-trimethoxy-α-methylbenzene­ethanamine)

(8) N-methyl-3,4-methylenedioxy- amphetamine (N,α-dimethyl-1,3-benzodioxole-5-ethanamine)

(9) 4-ethoxy-2,5-dimethoxyamphetamine (4-ethoxy-2,5-dimethoxy-α-methylbenzeneethanamine)

(10) 5-methoxy-3,4-methylenedioxy- amphetamine (7-methoxy-α-methyl-1,3-benzo­dioxole-5-ethanamine)

(11) N,N-dimethyl-3,4-methylenedioxyamphetamine (N,N, α-trimethyl-1,3-benzodioxole-5-ethanamine)

(12) N-ethyl-3,4-methylenedioxyamphetamine (N-ethyl-α-methyl-1,3-benzo­dioxole-5-ethanamine)

(13) 4-ethyl-2,5-dimethoxyamphetamine (DOET) (4-ethyl-2,5-dimethoxy-α-methylbenzeneethanamine)

(14) 4-bromo-2,5-dimethoxyamphetamine (4-bromo-2,5-dimethoxy-α-methylbenzeneethanamine)

(15) 4-chloro-2,5-dimethoxyamphetamine (4-chloro-2,5-dimethoxy-α-methyl-benzeneethanamine)

(16) 4-ethoxyamphetamine (4-ethoxy-α-methylbenzene­ethanamine)

(17) Benzphetamine (N-benzyl-N,α-dimethylbenzene­ethanamine)

(18) N-Propyl-3,4-methylenedioxy- amphetamine (α-methyl-N-propyl-1,3-benzo­dioxole-5-ethanamine)

(19) N-(2-Hydroxyethyl)-α-meth-ylbenzene­ethanamine

(20) N-hydroxy-3,4-methylenedioxy- amphetamine (N-[α-methyl-3,4-(methylenedioxy)phenethyl]hydroxyla­mine)

(21) 3,4,5-trimethoxyamphetamine (3,4,5-trimethoxy-α-methylbenzene­ethanamine)

20. Flunitrazepam (5-(o-fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one) and any of its salts or derivatives

21. 4-hydroxybutanoic acid (GHB) and any of its salts

**SCHEDULE II**

**(Sections 2, 3, 4 to 7, 10, 29, 55 and 60)**

1. Cannabis, its preparations, derivatives and similar synthetic preparations, including

(1) Cannabis resin

(2) Cannabis (marihuana)

(3) Cannabidiol (2–[3–methyl–6–(1–methylethenyl)–2–cyclohexen–1–yl]–5–pentyl–1,3–benzenediol)

(4) Cannabinol (3–n–amyl–6,6,9–trimethyl–6–dibenzopyran–1–ol)

(5) Nabilone ((±)–trans–3–(1,1–dimethylheptyl)–6,6a, 7,8,10,10a–hexahydro–1–hydroxy–6,6–dimethyl–9H–dibenzo[b,d]pyran–9–one)

(6) Pyrahexyl (3–n–hexyl–6,6,9–trimethyl–7,8,9, 10–tetrahydro–6–dibenzopyran–1–ol)

(7) Tetrahydrocannabinol (tetrahydro–6,6,9–trimethyl–3–pentyl–6H–dibenzo[b,d]pyran–1–ol)

(7.1) 3-(1,2-dimethylheptyl)-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol (DMHP)

but not including

(8) Non–viable Cannabis seed, with the exception of its derivatives

(9) Mature Cannabis stalks that do not include leaves, flowers, seeds or branches; and fiber derived from such stalks

**SCHEDULE III**

**(Sections 2 to 7, 29, 55 and 60)**

1. [Repealed, 2012, c. 1, s. 45]

2. Methylphenidate (α–phenyl–2–piperidineacetic acid methyl ester) and any salt thereof

3. Methaqualone (2–methyl–3–(2–methylphenyl)–4(3H)–quinazolinone) and any salt thereof

4. Mecloqualone (2–methyl–3–(2–chlorophenyl)–4(3H)–quinazolinone) and any salt thereof

5. Lysergic acid diethylamide (LSD) (N,N–diethyllysergamide) and any salt thereof

6. N,N–Diethyltryptamine (DET) (3–[(2–diethylamino) ethyl]indole) and any salt thereof

7. N,N–Dimethyltryptamine (DMT) (3–[(2–dimethylamino) ethyl]indole) and any salt thereof

8. N–Methyl–3–piperidyl benzilate (LBJ) (3–[(hydroxydiphenylacetyl)oxy]–1–methylpiperidine) and any salt thereof

9. Harmaline (4,9–dihydro–7–methoxy–1–methyl–3H–pyrido(3,4–b)indole) and any salt thereof

10. Harmalol (4,9–dihydro–1–methyl–3H–pyrido(3,4–b)indol–7–ol) and any salt thereof

11. Psilocin (3–[2–(dimethylamino)ethyl]–4–hydroxyindole) and any salt thereof

12. Psilocybin (3–[2–(dimethylamino)ethyl]–4–phosphoryloxyindole) and any salt thereof

13. N–(1–phenylcyclohexyl)ethylamine (PCE) and any salt thereof

14. 1–[1–(2–Thienyl) cyclohexyl]piperidine (TCP) and any salt thereof

15. 1–Phenyl–N–propylcyclohexanamine and any salt thereof

16. Rolicyclidine (1-(1-phenylcyclohexyl) pyrrolidine) and any salt thereof

17. Mescaline (3,4,5–trimethoxybenzeneethanamine) and any salt thereof, but not peyote (lophophora)

18. 4–Methylaminorex (4,5–dihydro–4–methyl–5–phenyl–2–oxazolamine) and any salt thereof

19. Cathinone ((–)–α–aminopropiophenone) and any salt thereof

20. Fenetylline (d,l–3,7–dihydro–1,3–dimethyl–7–(2–[(1–methyl–2–phenethyl)amino]ethyl)–1H–purine–2, 6–dione) and any salt thereof

21. 2–Methylamino–1–phenyl–1–propanone and any salt thereof

22. 1–[1–(Phenylmethyl)cyclohexyl]piperidine and any salt thereof

23. 1–[1–(4–Methylphenyl)cyclohexyl]piperidine and any salt thereof

24. 4–bromo–2,5–dimethoxybenzeneethanamine and any salt, isomer or salt of isomer thereof

25. and 26. [Repealed, 2012, c. 1, s. 46]

27. Aminorex (4,5-dihydro-5-phenyl-2-oxazolamine) and any salt thereof

28. Etryptamine (3-(2-aminobutyl)indole) and any salt thereof

29. Lefetamine ((-)-N,N-dimethyl-α-phenylbenzeneethanamine) and any salt thereof

30. Mesocarb (3-(α-methylphenethyl)-N-(phenylcarbamoyl)sydnone imine) and any salt thereof

31. Zipeprol (4-(2-methoxy-2-phenylethyl)-α-(methoxyphenylmethyl)-1-piperazineethanol) and any salt thereof

32. Amineptine (7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic acid) and any salt thereof

33. Benzylpiperazine [BZP], namely 1-benzylpiperazine and its salts, isomers and salts of isomers

34. Trifluoromethylphenylpiperazine [TFMPP], namely 1-(3-trifluoromethylphenyl)piperazine and its salts, isomers and salts of isomers

**SCHEDULE IV**

**(Sections 2 to 4, 5 to 7, 29, 55 and 60)**

1. Barbiturates, their salts and derivatives including

(1) Allobarbital (5,5–diallylbarbituric acid)

(2) Alphenal (5–allyl–5–phenylbarbituric acid)

(3) Amobarbital (5–ethyl–5–(3–methylbutyl)barbituric acid)

(4) Aprobarbital (5–allyl–5–isopropylbarbituric acid)

(5) Barbital (5,5–diethylbarbituric acid)

(6) Barbituric Acid (2,4,6(1H,3H,5H)–pyrimidinetrione)

(7) Butabarbital (5–sec–butyl–5–ethylbarbituric acid)

(8) Butalbital (5–allyl–5–isobutylbarbituric acid)

(9) Butallylonal (5–(2–bromoallyl)–5–sec–butylbarbituric acid)

(10) Butethal (5–butyl–5–ethylbarbituric acid)

(11) Cyclobarbital (5–(1–cyclohexen–1–yl)–5–ethylbarbituric acid)

(12) Cyclopal (5–allyl–5–(2–cyclopenten–1–yl)barbituric acid)

(13) Heptabarbital (5–(1–cyclohepten–1–yl)–5–ethylbarbituric acid)

(14) Hexethal (5–ethyl–5–hexylbarbituric acid)

(15) Hexobarbital (5–(1–cyclohexen–1–yl)–1,5–dimethylbarbituric acid)

(16) Mephobarbital (5–ethyl–1–methyl–5–phenylbarbituric acid)

(17) Methabarbital (5,5–diethyl–1–methylbarbituric acid)

(18) Methylphenobarbital (5–ethyl–1–methyl–5–phenylbarbituric acid)

(19) Propallylonal (5–(2–bromoallyl)–5–isopropylbarbituric acid)

(20) Pentobarbital (5–ethyl–5–(1–methylbutyl)barbituric acid)

(21) Phenobarbital (5–ethyl–5–phenylbarbituric acid)

(22) Probarbital (5–ethyl–5–isopropylbarbituric acid)

(23) Phenylmethylbarbituric Acid (5–methyl–5–phenylbarbituric acid)

(24) Secobarbital (5–allyl–5–(1–methylbutyl)barbituric acid)

(25) Sigmodal (5–(2–bromoallyl)–5–(1–methylbutyl) barbituric acid)

(26) Talbutal (5–allyl–5–sec–butylbarbituric acid)

(27) Vinbarbital (5–ethyl–5–(1–methyl–1–butenyl)barbituric acid)

(28) Vinylbital (5–(1–methylbutyl)–5–vinylbarbituric acid)

2. Thiobarbiturates, their salts and derivatives including:

(1) Thialbarbital (5–allyl–5–(2–cyclohexen–1–yl)–2–thiobarbituric acid)

(2) Thiamylal (5–allyl–5–(1–methylbutyl)–2–thiobarbituric acid)

(3) Thiobarbituric Acid (2–thiobarbituric acid)

(4) Thiopental (5–ethyl–5–(1–methylbutyl)–2–thiobarbituric acid)

3. Chlorphentermine (1–(p–chlorophenyl)–2–methyl–2–aminopropane) and any salt thereof

4. Diethylpropion (2–(diethylamino)propiophenone) and any salt thereof

5. Phendimetrazine (d–3,4–dimethyl–2–phenylmorpholine) and any salt thereof

6. Phenmetrazine (3–methyl–2–phenylmorpholine) and any salt thereof

7. Pipradol (α,α–diphenyl–2–piperidinemethanol) and any salt thereof

8. Phentermine (α,α–dimethylbenzeneethanamine) and any salt thereof

9. Butorphanol (l–N–cyclobutylmethyl–3,14–dihydroxymorphinan) and any salt thereof

10. Nalbuphine (N–cyclobutylmethyl–4,5–epoxy–morphinan–3,6,14–triol) and any salt thereof

11. Glutethimide (2–ethyl–2–phenylglutarimide)

12. Clotiazepam (5–(o–chlorophenyl)–7–ethyl–1,3–dihydro–1–methyl–2H–thieno[2,3–e]–1,4–diazepin–2–one) and any salt thereof

13. Ethchlorvynol (ethyl–2–chlorovinyl ethynyl carbinol)

14. Ethinamate (1–ethynylcyclohexanol carbamate)

15. Mazindol (5–(p–chlorophenyl)–2,5–dihydro–3H–imidazo[2,1–a]isoindol–5–ol)

16. Meprobamate (2–methyl–2–propyl–1,3–propanediol dicarbamate)

17. Methyprylon (3,3–diethyl–5–methyl–2,4–piperidinedione)

18. Benzodiazepines, their salts and derivatives, including:

(1) Alprazolam (8–chloro–1–methyl–6–phenyl–4H–s–triazolo[4,3–a][1,4] benzodiazepine)

(2) Bromazepam (7–bromo–1,3–dihydro–5–(2–pyridyl)–2H–1, 4–benzodiazepin–2–one)

(2.1) Brotizolam (2-bromo-4-(o-chlorophenyl)-9-methyl-6H-thieno[3,2-f]-s-triazolo[4,3-a][1,4]diazepine)

(3) Camazepam (7–chloro–1,3–dihydro–3–(N,N– dimethylcarbamoyl)–1–methyl–5–phenyl–2H–1, 4–benzodiazepin–2–one)

(4) Chlordiazepoxide (7–chloro–2–(methylamino)–5–phenyl–3H–1,4–benzodiazepine–4–oxide)

(5) Clobazam (7–chloro–1–methyl–5–phenyl–1H–1,5–benzodiazepine–2,4(3H,5H)–dione)

(6) Clonazepam (5–(o–chlorophenyl)–1,3–dihydro–7–nitro–2H–1,4–benzodiazepin–2–one)

(7) Clorazepate (7–chloro–2,3–dihydro–2,2–dihydroxy–5–phenyl–1H–1,4–benzodiazepine–3–carboxylic acid)

(8) Cloxazolam (10–chloro–11b–(o–chlorophenyl)–2,3, 7,11b–tetrahydrooxazolo[3,2–d][1,4]benzodiazepin 6–(5H)–one)

(9) Delorazepam (7–chloro–5–(o–chlorophenyl)–1,3–dihydro–2H–1,4–benzodiazepin–2–one)

(10) Diazepam (7–chloro–1,3–dihydro–1–methyl–5–phenyl–2H–1,4–benzodiazepin–2–one)

(11) Estazolam (8–chloro–6–phenyl–4H–s–triazolo [4,3–a][1,4]benzodiazepine)

(12) Ethyl Loflazepate (ethyl 7–chloro–5–(o–fluorophenyl)–2,3–dihydro–2–oxo–1H–1,4–benzodiazepine–3–carboxylate)

(13) Fludiazepam (7–chloro–5–(o–fluorophenyl)–1,3–dihydro–1–methyl–2H–1,4–benzodiazepin–2–one)

(14) [Repealed, SOR/98-173, s. 2]

(15) Flurazepam (7–chloro–1–[2–(diethylamino) ethyl]–5–(o–fluorophenyl)–1,3–dihydro–2H–1,4–benzodiazepin–2–one)

(16) Halazepam (7–chloro–1,3–dihydro–5–phenyl–1–(2,2,2–trifluoroethyl)–2H–1,4–benzodiazepin–2–one)

(17) Haloxazolam (10–bromo–11b–(o–fluorophenyl)–2,3,7,11b–tetrahydrooxazolo[3,2–d][1,4]benzodiazepin–6(5H)–one)

(18) Ketazolam (11–chloro–8,12b–dihydro–2,8–dimethyl–12b–phenyl–4H–[1,3]–oxazino–[3,2–d][1,4] benzodiazepine–4,7(6H)–dione)

(19) Loprazolam (6–(o–chlorophenyl)–2,4–dihydro–2–[(4–methyl–1–piperazinyl)methylene]–8–nitro–1H–imidazo[1,2–a][1,4]benzodiazepin–1–one)

(20) Lorazepam (7–chloro–5–(o–chlorophenyl)–1,3–dihydro–3–hydroxy–2H–1,4–benzodiazepin–2–one)

(21) Lormetazepam (7–chloro–5–(o–chlorophenyl)–1,3–dihydro–3–hydroxy–1–methyl–2H–1,4–benzodiazepin–2–one)

(22) Medazepam (7–chloro–2,3–dihydro–1–methyl–5–phenyl–1H–1,4–benzodiazepine)

(22.1) Midazolam (8-chloro-6-(o-fluorophenyl)-1-methyl-4H-imidazo[1,5-a][1,4]benzodiazepine)

(23) Nimetazepam (1,3–dihydro–1–methyl–7–nitro–5–phenyl–2H–1,4–benzodiazepin–2–one)

(24) Nitrazepam (1,3–dihydro–7–nitro–5–phenyl–2H–1,4–benzodiazepin–2–one)

(25) Nordazepam (7–chloro–1,3–dihydro–5–phenyl–2H–1,4–benzodiazepin–2–one)

(26) Oxazepam (7–chloro–1,3–dihydro–3–hydroxy–5–phenyl–2H–1,4–benzodiazepin–2–one)

(27) Oxazolam (10–chloro–2,3,7,11b–tetrahydro–2–methyl–11b–phenyloxazolo[3,2–d] [1,4]benzodiazepin–6(5H)–one)

(28) Pinazepam (7–chloro–1,3–dihydro–5–phenyl–1–(2–propynyl)–2H–1,4–benzodiazepin–2–one)

(29) Prazepam (7–chloro–1–(cyclopropylmethyl)–1, 3–dihydro–5–phenyl–2H–1,4–benzodiazepin–2–one)

(29.1) Quazepam (7-chloro-5-(o-fluorophenyl)-1,3-dihydro-1-(2,2,2-trifluoroethyl)-2H-1,4-benzodiazepine-2-thione)

(30) Temazepam (7–chloro–1,3–dihydro–3–hydroxy–1–methyl–5–phenyl–2H–1,4–benzodiazepin–2–one)

(31) Tetrazepam (7–chloro–5–(cyclohexen–1–yl)–1,3–dihydro–1–methyl–2H–1,4–benzodiazepin–2–one)

(32) Triazolam (8–chloro–6–(o–chlorophenyl)–1–methyl–4H–s–triazolo[4,3–a][1,4]benzodiazepine)

but not including:

(32.1) Clozapine (8-chloro-11-(4-methyl-1-piperazinyl)-5H-dibenzo[b,e][1,4]diazepine) and any salt thereof

(33) Flunitrazepam (5-(o-fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one) and any salts or derivatives thereof

(34) Olanzapine (2-methyl-4-(4-methyl-1-piperazinyl)-10H-thieno[2,3-b][1,5]benzodiazepine) and its salts

19. Catha edulis Forsk., its preparations, derivatives, alkaloids and salts, including:

(1) Cathine (d–threo–2–amino–1–hydroxy–1–phenylpropane)

20. Fencamfamin (d,l–N–ethyl–3–phenylbicyclo[2,2,1] heptan–2–amine) and any salt thereof

21. Fenproporex (d,l–3–[(α–methylphenethyl)amino]propionitrile) and any salt thereof

22. Mefenorex (d,l–N–(3–chloropropyl)–α–methylbenzeneethanamine) and any salt thereof

23. Anabolic steroids and their derivatives including:

(1) Androisoxazole (17ß–hydroxy–17α–methylandrostano [3,2–c]isoxazole)

(2) Androstanolone (17ß–hydroxy–5α–androstan–3–one)

(3) Androstenediol (androst–5–ene–3ß,17ß–diol)

(4) Bolandiol (estr–4–ene–3ß,17ß–diol)

(5) Bolasterone (17ß–hydroxy–7α,17–dimethylandrost–4–en–3–one)

(6) Bolazine (17ß–hydroxy–2α–methyl–5α–androstan–3–one azine)

(7) Boldenone (17ß–hydroxyandrosta–1,4–dien–3–one)

(8) Bolenol (19–nor–17α–pregn–5–en–17–ol)

(9) Calusterone (17ß–hydroxy–7ß,17–dimethylandrost–4–en–3–one)

(10) Clostebol (4–chloro–17ß–hydroxyandrost–4–en–3–one)

(11) Drostanolone (17ß–hydroxy–2α–methyl–5α–androstan–3–one)

(12) Enestebol (4, 17ß–dihydroxy–17–methylandrosta–1,4–dien–3–one)

(13) Epitiostanol (2α, 3α–epithio–5α–androstan–17ß–ol)

(14) Ethylestrenol (19–nor–17α–pregn–4–en–17–ol)

(15) 4–Hydroxy–19–nor testosterone

(16) Fluoxymesterone (9–fluoro–11ß,17ß–dihydroxy–17–methylandrost–4–en–3–one)

(17) Formebolone (11α, 17ß–dihydroxy–17–methyl–3–oxoandrosta–1,4 di–en–2–carboxaldehyde)

(18) Furazabol (17–methyl–5α–androstano[2,3–c] furazan–17ß–ol)

(19) Mebolazine (17ß–hydroxy–2α,17–dimethyl–5α–androstan–3–one azine)

(20) Mesabolone (17ß–[(1–methoxycyclohexyl)oxy]–5α–androst–1–en–3–one)

(21) Mesterolone (17ß–hydroxy–1α–methyl–5α–androstan–3–one)

(22) Metandienone (17ß–hydroxy–17–methylandrosta–1,4–dien–3–one)

(23) Metenolone (17ß–hydroxy–1–methyl–5α–androst–1–en–3–one)

(24) Methandriol (17α–methylandrost–5–ene–3ß,17ß–diol)

(25) Methyltestosterone (17ß–hydroxy–17–methylandrost–4–en–3–one)

(26) Metribolone (17ß–hydroxy–17–methylestra–4, 9,11–trien–3–one)

(27) Mibolerone (17ß–hydroxy–7α,17–dimethylestr–4–en–3–one)

(28) Nandrolone (17ß–hydroxyestr–4–en–3–one)

(29) Norboletone (13–ethyl–17ß–hydroxy–18, 19–dinorpregn–4–en–3–one)

(30) Norclostebol (4–chloro–17ß–hydroxyestr–4–en–3–one)

(31) Norethandrolone (17α–ethyl–17ß–hydroxyestr–4–en–3–one)

(32) Oxabolone (4,17ß–dihydroxyestr–4–en–3–one)

(33) Oxandrolone (17ß–hydroxy–17–methyl–2–oxa–5α–androstan–3–one)

(34) Oxymesterone (4,17ß–dihydroxy–17–methylandrost–4–en–3–one)

(35) Oxymetholone (17ß–hydroxy–2–(hydroxymethylene)–17–methyl–5α–androstan–3–one)

(36) Prasterone (3ß–hydroxyandrost–5–en–17–one)

(37) Quinbolone (17ß–(1–cyclopenten–1–yloxy) androsta–1,4–dien–3–one)

(38) Stanozolol (17ß–hydroxy–17–methyl–5α–androstano [3,2–c]pyrazole)

(39) Stenbolone (17ß–hydroxy–2–methyl–5α–androst–1–en–3–one)

(40) Testosterone (17ß–hydroxyandrost–4–en–3–one)

(41) Tibolone ((7α,17α)-17–hydroxy–7–methyl–19–norpregn–5(10) en–20–yn–3–one)

(42) Tiomesterone (1α,7α–bis(acetylthio)–17ß –hydroxy–17–methylandrost–4–en–3–one)

(43) Trenbolone (17ß–hydroxyestra–4,9,11–trien–3–one)

24. Zeranol (3,4,5,6,7,8,9,10,11,12–decahydro–7,14,16– trihydroxy–3–methyl–1H–2–benzoxacyclotetradecin–1–one)

25. Zolpidem (N,N,6-trimethyl-2-(4-methylphenyl)imidazo[1,2-a]pyridine-3-acetamide) and any salt thereof

25.1 Pemoline (2-amino-5-phenyl-oxazolin-4-one) and any salt thereof

26. Pyrovalerone (4′-methyl-2-(1-pyrrolidinyl)valerophenone) and any salt thereof

**SCHEDULE V**

**(Sections 2, 4, 6, 55 and 60)**

1. [Repealed, SOR/2002-361, s. 1]

2. Propylhexedrine (1–cyclohexyl–2–methylaminopropane) and any salt thereof

3. [Repealed, SOR/2003-32, s. 7]

# Nitroglycerin Patches

**POLICY:**

This policy is written provide direction / standardize application and removal times for nitroglycerin patches. It is believed that a standardized procedure will prevent errors in administration and removal of nitroglycerin patches.

Nitroglycerin patches will be applied at 2100 hours and removed 12hours later at 0800 hours the next morning, unless specifically requested by the attended physician to be applied differently.

**PROCEDURE**

* Nitroglycerin patches are to be applied at 2100 hours and removed at 0800 hours the following day.
* If the attending physician writes a Physician’s order specifically requesting that a patch be applied in the morning and removed at bedtime or be applied for 24 hours, then this Physician’s order will be upheld.

**SOURCE**:

**Approval/Implementation/Evaluation Process**

Date Approved: November 1, 2005

Review date: September 2, 2015

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Pneumococcal Vaccine

**POLICY:**

To provide direction to nursing staff on the policy (procedure) for Pneumococcal Polysaccharide Vaccine immunization to residents / clients of WBSCH, in compliance with RQHR guidelines (2016).

|  |
| --- |
| **NOTE:**  Long Term Care residents are at risk of complications from pneumococcal disease. Immunizing residents can improve morbidity and mortality rates.  Indications   * all persons over 65 years of age * all Residents of a Long Term Care facility.   The RQHR LTC Standardized Admission Agreement requests written consent to abide by the RQHR P&PH protocols related to immunization and infection control practices”. |

**EQUIPMENT (form):**

* WBSCH Long Term Care Physician Medical Admission Checklist

**PROCEDURE:**

1. For all residents admitted to Long Term Care, the Coordinator / designate reviews the immunization record for documentation of previously receiving Pneumococcal vaccine.
2. If there is no record, the Coordinator / designate faxes to P&PH the list of eligible resident(s) with birth date and HSN (306-766-7906). P&PH will provide written confirmation of the history of the resident previously receiving Pneumococcal vaccine.

* The LTC Admission Agreement states: “Resident/Guardian has been informed that the P&PH will use the provincial immunization registry called Panorama to determine if the Resident requires any publically funded vaccines. All immunizations and related health information is entered into this system when a vaccine is administered.”

1. Depending on availability of vaccine, P&PH suggests the pneumococcal vaccine is given at the same time as the influenza vaccine.
2. A Physician Order is required before immunization (Long Term Care Physician Medical Admission Checklist).
3. RN/RPN/LPN must read the guidelines and product monograph to be informed about pneumococcal vaccine (as would be done with any other new medication).
4. Anaphylaxis orders should be written and a Physician available (by telephone) for emergency consult (Long Term Care Physician Medical Admission Checklist). Use 911 as appropriate.
5. Adverse event reports are to be completed as necessary and forwarded to P&PH, Medical Health Officer

* (user guide can be found at <http://www.phac-aspc.gc.ca/im/aefi-form-eng.php>).

1. Administration of the pneumococcal vaccine is documented in:

* PCC - progress note – TYPE – immunization
* PCC immunization

1. The Coordinator / designate, faxes to P&PH notification that the resident(s) received the pneumococcal vaccine / date received (306-766-7906).

Source:

* Guidelines for the Pneumococcal Polysaccharide Vaccine Program for the RQHR (2016)
* Saskatchewan Immunization Manual (2016) Chapter 10 Biological Products, PNEUMOVAX 23 (page 53 and 54)
* Accreditation Canada ROP 2017, Pneumococcal Vaccine
* RQHR LTC Standardized Admission Agreement

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: January 18, 2017

Review Date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Subcutaneous Administration Of Medication

**POLICY:**

Subcutaneous administration of a medication is used when the oral and rectal routes of administration are ineffective and / or inappropriate.

Safety Engineered Sharps Devices (SESD) are to be used in the subcutaneous administration of medications.

A Physician’s order is required prior to initiation of the Subcutaneous Route.

**NOTE:**

* Volume injected should not exceed 2 ml as more than this may cause irritation and burning to the skin. Administer the medication slowly over a period of 1 minute (minimum). It may be necessary to change to HP (high potency) Morphine or Dilaudid to keep the volume of injection < 2ml.
* A separate subcutaneous line is required for each medication. If concentration of medication changes, a new subcutaneous line should be initiated**.**
* Change subcutaneous site every 7 days or sooner if irritation / redness / swelling at the site or leakage of fluid occurs. There is no need to heparinize or flush the system.

**EQUIPMENT:**

1. #24 gauge needless butterfly (BD Saf-T-Intima)
2. Clave Connector (Needleless adapter)
3. Chlorhexidine swab
4. 10cm × 14cm Opsite Dressing
5. Medication
6. Syringe (prime)
7. Gloves
8. Label with name of medication, dose, date, nurses signature

**PROCEDURE:**

1. Verify physician’s order.
2. Assemble equipment
3. Prepare label:

* The drug concentration in **red** ink
* The name of drug in **black** ink
* Initials and date in **black** ink

1. Remove needle cover and inspect unit. Make sure the bevel is not covered by the catheter.
2. Holding catheter, rotate safety barrel to loosen needle.
3. To prime, draw up .25ml of medication with syringe. Attach syringe to the Clave adapter.
4. Draw up medication, discard needle in the sharps container in medication room. Attach tip cap to the syringe.
5. Assess and select subcutaneous site:

* appropriate sites are subclavian region, anterior chest wall, upper lateral arms, abdominal wall or lateral thighs.
* Avoid breast tissue, bony prominences, and areas of induration or impaired skin integrity.
* If noticeable hair surrounding site, ensure a patch is shaved to accommodate the Opsite dressing.

1. Clean site with Chlorexidine swabusing circular motion starting from the injection site, outward about 2” and allow to dry. Repeat cleaning in same manner and allow to dry.
2. Donn gloves.
3. Grasp pebble side of wings, pinching firmly. Insert slowly with bevel up at a 30-45degree angle.
4. Insert and advance needle up to hub. Release wings and stabilize catheter wings.
5. Stabilize catheter wings. Grasp white shield and pull back in a straight continuous motion. The shield will come off, exposing the adapter. Remove the BD adapter, attach the needleless clave adapter. Place the needle in the sharps container in the room.
6. Attach label to the wings. Indicate on the label the following:

* strength of medication (in red ink)
* medication name (in black ink)
* initials and date when initiated (in black ink)

1. Secure needle with Opsite dressing.
2. Remove gloves, perform hand hygiene.
3. Document on the Subcutaneous Butterfly Flow Sheet and Progress Notes.

**References:**

* Victoria Hospice Manual Vol. 1 Medical Care of the Dying.
* RQHR Policy “Intermittent Subcutaneous Administration of a Narcotic”.

**Approval/Implementation/Evaluation Process**

Date Approved / Revised: July 6/04

Review date: June 10, 2015

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Transcribing Physician’s Orders

**POLICY:** The following procedure information is provided to ensure accurate transcription of Physician orders at WBSCH.

**PROCEDURE:**

|  |
| --- |
| The seven safety checks for transcribing Physician orders include:   1. The Physician **prescribes** the order and the RN / RPN / LPN **transcribes** the order, with attention to the 5 R’s of medication administration:  * right resident * right drug / treatment * right dosage * right time * right route of administration  1. There must be a written order on the Physician’s Order Sheet for all scheduled medications, as necessary medications and treatments. If unable to read the Physician’s order, phone the Physician (or Pharmacist) for clarification. 2. The order must be transcribed accurately and completely. All transcription entries must be dated/initialed by the RN / RPN / LPN completing the transcription (on the Physician order sheet, the MAR, the Drug Profile, and the Quarterly Medication Review). 3. The order must be faxed to pharmacy. 4. Telephone Physician orders are to be faxed to the Physician to be co-signed within 48 hours. 5. All new Physician orders are to be checked for accuracy/completion of transcription within 24 hours (nightly check). 6. All completed Quarterly Medication Reviews (signed/dated by Physician) are to be checked for accuracy/completion of transcription within 24 hours (nightly check). |

Refer to WBSCH Policy Number:

* 10.13 MEDICATION ADMINISTRATION
* 10.21 TRANSCRIPTION OF PHYSICIAN ORDERS
* 10.2 DISPOSAL OF MEDICATIONS

**PHYSICIAN ORDER SHEET**

* There must be a written order on the WBSCH physician order sheet for all medication(s) / treatment(s) given.
* All Physician orders must be written on the physician order sheet (only the WBSCH Physician Medical Admission Checklist sheet does not have to be written on the Physician Order Sheet).
* Physician orders are to be written in black ink on the physician order sheet and remain part of the resident’s permanent health record (chart).
* If unable to read the Physician order, phone the Physician (or Pharmacist) for clarification of the order.
* Physician order sheets are to be filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* The Physician order includes specific components:
* **Name of resident** (resident identification is address graphed / written on the top of the Physician Order sheet)
* **Allergies** (printed in the Allergies section at the top of the Physician Order sheet).
* Date and time when the order was written
* Name of drug
* Dosage
* Frequency (time)
* Route of administration
* Physician’s signature (if a telephone order, the RN/RPN/LPN signs to indicate who received the order)
* Fax a copy of the physician order sheet to pharmacy
* Telephone orders are immediately faxed to the Physician to be signed within 48 hours. Once the Physician has signed and faxed back the order, the original should be shredded and the signed faxed copy filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* Physician orders given by a Specialist/Consultant must be confirmed by the attending Physician and written on the Physician Order sheet as the attending Physician orders.

**PHYSICIAN MEDICAL ADMISSION CHECKLIST SHEET**

* Contact attending physician and ask each question on the Physician Medical Admission Checklist sheet. If the answer is yes or no, check off the appropriate box
* If the resident requires:
* oxygen, enter the rate in the space provided
* lab work, write the tests requested in the space provided
* other than diet as tolerated (special diet), specify the type of diet
* If RWGH client requires:
* dressings, specify the type of dressing with the frequency they are to be changed
* a catheter, specify the catheter size
* As per telephone order, the RN/RPN/LPN signs (to indicate who received the order) and dates at the bottom of the page.
* Fax a copy of the Physician Medical Admission Checklist sheet to pharmacy
* As per telephone orders, the Physician Medical Admission Checklist sheet is immediately faxed to the Physician to be signed within 48 hours. Once the Physician has signed and faxed back, the original should be shredded and the signed faxed copy filed in chronological order (starting with most recent date) in the Physician’s Orders section of the resident’s permanent health record.
* The completed Physician Medical Admission Checklist is considered part of the Physician admission orders and does not have to be copied / written onto the Physician Order sheet.

**DRUG PROFILE** (working (yellow colored) copy of the Physicians Orders Review sheet) - DP

* The Drug Profile (DP) identifies **ALL** the medication(s) and treatment(s) the resident is currently receiving.
* The Drug Profile is located in the resident’s chart, at the front of the Physician’s Order section, facing/opposite of the Physician’s Order Sheet.
* Physician orders are transcribed onto the Drug Profile. All transcriptions to the Drug Profile must be dated/initialed by the RN / RPN / LPN.
* Monthly, Pharmacy forwards a new Drug Profile.
* Monthly, with the arrival of a new Drug Profile, the previous month’s Drug Profile is to be removed from the chart and discarded; the old Drug Profile is not to be saved as part of the permanent health record.

**PHYSICIANS ORDERS REVIEW** sheet – (white copy/**quarterly medication review**) - QMR

* The white copy of the Physicians Orders Review sheet is also referred to as the **quarterly medication review** (QMR).
* The Physicians Orders Review sheet identifies **ALL** the prescribed medication(s) and treatment(s) the resident is currently receiving.
* The Physicians Order Review sheet is located in the resident’s chart, in the Physician’s Order section, facing / opposite the Drug Profile (working/yellow colored copy).
* Every three months, Pharmacy forwards a new Physicians Orders Review sheet to be used for the QMR (February, May, August, and November).
* Before placing the new QMR in the resident’s chart, the night RN / RPN /LPN checks that the new QMR is accurate by comparing to the current MAR and Drug Profile. Upon completion of the current / accurate check, the night RN / RPN / LPN signs and dates the lower right hand corner of each page (Nurse Signature and Date).
* Every three months, when completing the QMR, the Physician reviews the prescribed medication(s) and treatment(s) the resident is currently receiving. On the Physicians Orders Review sheet, the Physician indicates for each medication and treatment, if the medication/treatment is to be continued ( C ), discontinued ( D ), or change in direction (dosage, time, and route). Upon completion of the QMR, the Physician dates/signs the lower right hand corner of each page.
* The dated/signed QMR is faxed to Pharmacy.
* Changes in orders, as a result of the QMR, are to be transcribed onto the MAR and Drug Profile (i.e.: discontinued or change in direction).
* Changes in orders, as a result of the QMR, are **not** transcribed onto the Physician Order sheet
* \*\****When a Physician order is received before the Physician has dated/signed the QMR, the medication order must be transcribed on to the QMR, the MAR, and the Drug Profile.***
* ***When a Physician order is received after the Physician has dated/signed the QMR, the RN / RPN / LPN cannot transcribe the make any changes to the QMR.***
* The dated/signed QMR is considered to be a Physician order and therefore is filed in chronological order (starting with most recent order/date) in the resident’s chart, in the Physician’s Orders section. Physician orders resulting from the QMR are not to be re-written on the Physician Order sheet.
* The dated/signed QMR becomes part of the resident’s permanent health record (chart).

Within 24 hours, the dated/signed QMR must be checked to ensure the Physician orders have been accurately/completely transcribed. Leave chart in vertical file for QMR to be checked for accuracy of transcription.

* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”
* Entered correctly on MAR or treatment MAR
* Entered correctly on drug profile (DP)
* Faxed to pharmacy (FAX PH)
* Discontinued/changed medication (blister-packs) have been pulled from the spindles
* New medication (blister-packs) have been placed in the spindles

To indicate the QMR has been checked for accuracy /completeness, the night RN / RPN / LPN draws a straight red line across the bottom of the page. The RN / RPN / LPN initials/dates to indicate who and when the QMR transcription accuracy/completeness was checked.

* Once accuracy of transcription check has been completed, file chart away.
* Chart is to be left in vertical file on desk until new medication arrives from Pharmacy. Once medication arrives, file chart away.

**PATIENT MEDICATION PROFILE and CHARTING RECORD** (MAR)

* MARs are dispersed to each unit on the last days of the month.
* The MAR identifies all the prescribed scheduled medications, when required medications, and treatments.
* The scheduled medications and when required medications and treatments are listed in **alphabetical order**.
* The MAR is used to verify the information (5 R’s) about each medication prior to giving. The right:
* resident
* drug (treatment)
* dosage
* time
* route
* The MAR is a permanent part of the Health Record.
* The current MAR is located in the medication binder.
* Previous MARs are to be filed in chronological order (starting with the most recent month) in the Medication & Treatment section of the resident’s permanent health record.
* All transcriptions on the MAR are made using black ink.
* All transcriptions on the MAR are to be initialed/dated.
* When a new Physician order has been received and there is no room to add the new Physician order onto the preprinted MAR, a blank MAR is to be utilized. The date at the top of the blank MAR is to coincide with the date on the preprinted MAR.
* For the newly admitted resident, the first MAR is to be checked with the original Physician Order Sheet.

**MAR Alerts and Special Instructions**

* At the top of the MAR, there is an area for Allergies and Codes for reason of omission.
* **Allergies**: Allergies are to be written on the first Physician’s Order sheet sent to the Pharmacy. There after the resident’s allergies will be printed on each MAR.
* **Codes**: Preprinted codes are to be used for reason of omission. The number of the code is entered into the space provided for initials. The RN/RPN/LPN then makes an entry on the back page to clarifying the reason for the omission.
* Within the text of each order on the MAR is a **prescription (Rx) number**, which identifies the individual order for Pharmacy. The Rx number and resident’s name is the only information necessary in communication with Pharmacy.

**Monthly MAR Verification / Checking**

* For the newly admitted resident, the first MAR is to be checked against the original Physician Order Sheet.
* Towards the end of each month, Pharmacy disperses the next month’s MARs
* For subsequent/monthly replacement MARs, the verification / check is done by comparing the next month’s MAR against the previous MAR. Any discrepancy must be checked against the Physician Order sheet and the QMR.
* It is the responsibility of the night RN/RPN/LPN to verify that the MAR is correct by comparing the next month’s MAR against the current MAR. The MAR verification is completed on the last day of each month.
* The next month’s MAR should document the continuation of the administration schedule from the current month’s MAR (i.e.: medication given on alternating days).
* Prescription (Rx) number(s) will change with every narcotic fill and up to every 90 days with other medications. It is important to verify the medication and directions, and not just the prescription (Rx) number.
* The LPN/RN/RPN indicates the MAR has been checked and is “certified correct” by signing/dating the lower right hand corner of each MAR page.
* New orders/discontinued orders/orders with changes in direction must be transcribed to the MAR as a **NEW ORDER** (see transcribing a new Physician’s order)**,** a **DISCONTINUATION,** (see transcribing the discontinuation of a Physician’s order), or a **CHANGE IN DIRECTION** (see transcribing a change in direction Physician’s order)**.**
* **STAT** orders, should have date/time administered/initials on the Physician’s Order Sheet and MAR. If the order is for one dose STAT, once the dose has been given, transcribe as a **DISCONTINUATION,** (see transcribing the discontinuation of a Physician’s order).

**TRANSCRIBING A NEW PHYSICIAN ORDER**

On the Physician Order Sheet, transcriber (√) / initial transcription of a new Physician order by:

* (√) / initial indicating new order transcribed to MAR/treatment book
* (√) / initial indicating new order transcribed to drug profile (DP)
* (√) / initial indicating new order transcribed to Physicians Orders Review sheet (QMR), ***if the Physician has NOT dated/signed***
* (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Pharmacy (FAX PH)
* If applicable, (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Physician (FAX DR)
  + - all telephone orders should be co- signed by the Physician within 48 hours
* If applicable, (√) / initial requisition (REQ) completed
* If applicable, (√) / initial indicating notation in computer progress note (PN)
* **MAR** - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* Medication orders with varied dosage must be written separately on the MAR
* **Drug Profile** (working/yellow colored copy) - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* **QMR** (Physicians Orders Review sheet) ***if the Physician has NOT dated/signed*** - Transcribe the order (5R’s). At the end of the transcribed order, print:
* Date order was transcribed
* Initials of the RN/RPN/LPN transcribing the new order
* Leave chart in vertical file on desk for Physician order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”
* Once accuracy of transcription check has been completed, file chart away.
* Chart is to be left in vertical file on desk until new medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING THE DISCONTINUATION OF A PHYSICIAN ORDER**

* On the Physician’s Order Sheet, transcriber (√) / initial transcription of discontinuation of a Physician order by:
* (√) / initial indicating discontinued order transcribed to MAR/treatment book
* (√) / initial indicating discontinued order transcribed to drug profile (DP)
* (√) / initial indicating discontinued order transcribed to Physicians Orders Review sheet (QMR), ***if the Physician has NOT dated/signed***
* (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Pharmacy (FAX PH)
* If applicable, (√) / initial that a copy of the Physicians Order Sheet has been faxed to the Physician (FAX DR)
* all telephone orders should be co- signed by the Physician within 48 hours
* If applicable, (√) / initial requisition (REQ) completed
* If applicable, (√) / initial indicating notation in computer progress note (PN)
* Physician orders resulting in a discontinuation of the medication order are to be documented by **“yellowing out”** (highlighting) the order on the:
* **MAR** sheet – “yellow out” (highlight) the discontinued order. To the right of the last date/time medication was given, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* **Drug Profile** (working/colored copy) – “yellow out” (highlight) the discontinued order. At the bottom of the order, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* **QMR** (Physicians Orders Review sheet) ***if THE Physician has NOT dated/signed*** – “yellow out” (highlight) the discontinued order. At the bottom of the order, print:
* D/C or discontinued
* date the order was transcribed
* initials of the RN/RPN/LPN transcribing the discontinued order
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.
* Leave chart in vertical file for discontinued order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – every 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician’s Orders) – NURSE TO CHECK
* Complete form to indicate why the “CHART OUT AWAITING”
* Chart is to be left in vertical file (flagged “awaiting medication(s) from pharmacy”), until medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING A CHANGE IN DIRECTION PHYSICIAN ORDER**

* Orders resulting in a change of direction (i.e.: dosage, time, and route) are to be transcribed by **DISCONTINUING** the previous order (see transcribing the discontinuation of a Physician order) and then transcribing the change in direction as a **NEW ORDER** (see transcribing a new Physician order)**.**
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.
* Leave chart in vertical file on desk for change in direction order to be checked for accuracy of transcription
* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – every 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician’s Orders) – NURSE TO CHECK
* Complete form to indicate why the “CHART OUT AWAITING”
* Chart is to be left in vertical file (flagged “awaiting medication(s) from pharmacy”), until medication arrives from Pharmacy. Once medication arrives, file chart away.

**TRANSCRIBING PHYSICIAN TELEPHONE ORDER**

* This is a Physician order given verbally over the telephone.
* A telephone order must be received directly from the Physician (the prescriber).
* When telephone orders are accepted it is important to:
* Repeat the order back to the Physician for verification.
* Have the Physician spell medication names, which are unclear.
* Write the verbal order immediately on the Physician Order Sheet.
* To indicate the order is a verbal/telephone order use the abbreviation PH (Phone)

Date and time (i.e.: September 1/06, 1430hour)

Order (i.e.: Tylenol 325mg (oral) every 4 hours, when necessary)

PH. Physician’s name and the signature/designation of person who received the order (i.e.: PH. Dr. Rasmussen / S T Wood RPN).

* Telephone orders are processed as either a:
* **NEW ORDER** (see transcribing a new Physician order)
* **DISCONTINUATION,** (see transcribing the discontinuation of a Physician order)
* **CHANGE IN DIRECTION** (see transcribing a change in direction Physician order)**.**
* Telephone orders must be faxed to the Physician for co-signing.
* (√) that a copy of the Physician’s Order Sheet has been faxed to the Physician for co-signing of telephone order
* Telephone orders are to be co-signed by the Physician within 48 hours
* Once the Physician has co-signed and faxed back the order, the original should be shredded and the co-signed faxed copy placed in the chart as part of the permanent record.

**ALL MEDICATIONS ARE TO BE CONSIDERED DISCONTINUED FOLLOWING HOSPITALIZATION**

When the resident returns to WBSCH after being hospitalized, all previous medications are to be considered discontinued (scheduled medications, as necessary medications, treatments, and WBSCH Admission Checklist)

* The physician must be notified and verbal **re-admission** orders received (scheduled medications, as necessary medications, treatments, WBSCH Admission Checklist).
* Reconcile resident’s medications
* medication orders received from Acute
* the medications given prior to the Acute admission
* The verbal re-admission orders must be a written on the Physician Order sheet (scheduled medications, as necessary medications, treatments). The WBSCH Admission Checklist does not have to be copied / written on the Physician Order Sheet.
* See TRANSCRIBING A NEW PHYSICIAN ORDER
* See TRANSCRIBING THE DISCONTINUATION OF A PHYSICIAN ORDER
* Remove discontinued medications (**Pharmacards**) from medication rack(s) and refill baskets, and place in storage baskets for return to Pharmacy.
* If discontinued medication is a **narcotic**, the narcotic must continue to be counted each shift until the pharmacy driver signs for it.

**NIGHTLY CHECK OF TRANSCRIPTION OF PHYSICAN ORDERS**

* Within 24 hours, all Physician orders must be checked for accuracy/completion of transcription
* Palliative – night RN / RPN / LPN
* Convalescent – evening RN / RPN / LPN
* Long Term Care – night LPN

Charts that need to be checked for accuracy of transcription will be left in vertical file on desk

* A pulled red tag indicates a new order has been received and has not yet been transcribed – DOCTOR’S ORDERS
* A pulled blue tag indicates a new order QMR has been received, the new order has been transcribed, and the accuracy and completion of the transcription needs to be checked – NURSE TO CHECK
* “CHART OUT AWAITNG” form

* The RN/RPN/LPN reviewing/checking the accuracy of the transcription will draw a red line below the Physician signature, and then write the date/initials to indicate they have confirmed the transcription is accurate and all documentation has been completed on the:
* **MAR** or treatment MAR
* **Drug Profile** (working/colored copy)
* **QMR**, ***if the Physician has NOT dated/signed***
* Faxed to pharmacy
* If applicable, faxed to physician
* If applicable, noted in the day/calendar book
* If applicable, requisition completed
* If applicable, remove discontinued blister-pak(s) from medication rack(s) and refill basket(s)
* If applicable, place blister-pak(s) in the medication rack(s) in the order of the MAR Sheet
* Initial on the label of the blister-pak to indicate the blister-pak has been checked against the MAR (5R’s)
* the right resident
* gets the right drug (treatment)
* at the right dosage
* at the right time
* by the right route.
* Charts are to be left in vertical file (flagged “awaiting medication(s) from pharmacy”) until new medication arrives from Pharmacy. Once medication arrives, chart is put away/filed.

**NIGHTLY CHECK OF TRANSCRIPTION OF QMR**

Within 24 hours, all QMRs must be checked for accuracy/completion of transcription

* Palliative – night RN / RPN / LPN
* Convalescent – evening RN / RPN / LPN
* Long Term Care – night LPN

Charts that need to be checked for accuracy of transcription will be left in vertical file

* A pulled red tag indicates a QMR has been completed by the Physician and has not yet been transcribed – DOCTOR’S ORDERS
* A pulled blue tag indicates a QMR has been completed by the Physician, the order(s) have been transcribed, and the accuracy and completion of the transcription needs to be checked – NURSE TO CHECK
* “CHART OUT AWAITNG” form (yellow)

The RN/RPN/LPN reviewing/checking the accuracy of the transcription of the QMR will draw a red line at the bottom of each page of the QMR, and date/initials to indicate who and when the QMR was checked for accuracy of transcription and all documentation has been completed on the:

* **MAR** or treatment MAR
* **Drug Profile** (working/colored copy)
* Faxed to pharmacy
* If applicable, remove discontinued blister-pak(s) from medication rack(s) and refill basket(s)
* Charts are to be left in vertical file (flagged “awaiting medication(s) from pharmacy”) until new medication arrives from Pharmacy. Once medication arrives, chart is put away/filed.

**APPOINTMENT**

When making arrangements for an appointment, use the green WBSCH Appointment sheet

The information on the appointment sheet is to be entered in the progress notes and the completed sheet attached to the desk calendar at the date of the appointment.

CHART OUT **AWAITING**:

 Night (24 hour) transcription check

 Night QMR check

 Physicians order clarification

 Medication(s) from pharmacy

 Lab results

 Physicians order

 Warfarin dosage per INR

 Labels from pharmacy

 Reminder cards from pharmacy

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BLISTER-PAK / PHARMACARD**

* When placing a Blister-pak / Pharmacard into the medication rack, the RN / RPN / LPN initials on the label of the blister-pak to indicate the blister-pak has been checked against the MAR (5R’s)
* the right resident
* gets the right drug (treatment)
* at the right dosage
* at the right time
* by the right route
* The blister-pak / pharmacard is to be placed in the medication rack in the order of the MAR Sheet.

**MD / NURSING COMMUNICATION SHEETS** (point-click care)

* To enhance communication with the Physician, nursing concerns/requests are to be written on the MD/Nursing Communications sheets which are located in the “Physician” binder”.
* The RN/RPN/LPN is to initial after their documentation.

**UNIT CLERK TRANSCRIBING PHYSICIAN’S ORDERS**

* The Unit Clerk may transcribe Physician’s Orders to the MAR, QMR, and DP. The Unit Clerk does not date/initial the transcription.
* The RN/RPN/LPN must check that the transcription is correct to the original Physician’s order. The RN/RPN/LPN checking the transcription initials / dates to indicate who and when the Unit Clerk’s transcription was checked.

Leave chart in vertical file for Physician’s order to checked for accuracy of transcription.

* Pull red tag to indicate new order received and not yet transcribed – DOCTOR’S ORDERS
* Pull blue tag to indicate new order received, new order transcribed, and need to check accuracy of transcription – within 24 hours, new orders are to be checked for accuracy (see Nightly Check of Transcription of Physician Orders) – NURSE TO CHECK
* Complete yellow form to indicate why the “CHART OUT AWAITING”

**Approval/Implementation/Evaluation Process**

Date Approved / Revised: August 12/03

Review date: January 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Two Client Identifiers

**POLICY:**

Accreditation Standard (9.2) 2017 states “at least two person-specific identifiers are used to confirm that residents receive the service or procedure intended for them”.

|  |
| --- |
| **NOTE**  Client identification processes are intended to improve effectiveness and coordination of communication among care / service providers and with the recipients of care / service across the continuum. The client identification procedure is intended to reliably identify the individual for who a health service is intended.    Using person-specific identifiers to confirm that residents receive the service or procedure intended for them can avoid harmful incidents such as privacy breaches, allergic responses, medication errors, and wrong-person procedures.  Location or room numbers are never acceptable resident / client specific identifiers. |

**PROCEDURE:**

* Two person-specific identifiers are used to confirm the resident is receiving the service of procedure intended for them. Two person-specific identifiers include:
* First and last names
* Date of Birth (DOB)
* Photograph (see MAR)
* Witnesses
* Verbal identification is confirmed by asking the resident / client to state his / her own first and last name and date of birth, rather than the staff member stating the first and last name and date of birth then asking for confirmation.
* Witnesses include family or staff member familiar with the resident /client and who are able to confirm the identity of the resident / client including first and last names.
* When the staff member (Nurse) is familiar with the resident, one person-specific identifier can be **facial recognition**.

Source:

* Accreditation Canada ROP (9.2), Client Identification
* RQHR Identification of Client / Patient / Resident (policy 612) 2010

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: January 18, 2017

Review Date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical Assistance In Dying (MAiD)

**PURPOSE:**

The purpose of this policy is to provide a consistent and compassionate approach, reflective of the Salvation Army’s mission when communicating pre-admission information and inquires related to Medical Assistance in Dying (MAiD) and/or responding to (a) person(s) in care within The Salvation Army William Booth Special Care Home/Regina Wascana Grace Hospice who requests MAiD.

**POLICY:**

Please refer to the attached document “Policy for Social Service and Health Ministry Units on Medical Assistance in Dying (MAiD)”.

**PROCEDURE:**

Please refer to the attached document “MAiD Process followed when request for MAiD at RWGH (Regina Wascana Grace Hospice)

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 31/17

Review Date: January 30/18

Recommended by: Heather Ness / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_