

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.1:	Emergency and Involuntary Medication
Governing Body Approval:	May 1, 2018
REVISED:	

PURPOSE: The Department of Mental Health and Addiction Services (DMHAS) has established that patients in all DMHAS inpatient facilities may be administered medication intended for the treatment of psychiatric disabilities only with his/her informed consent, except as provided in the Connecticut General Statutes, Sections 54-56d, 17a-566, 17a-543 and 17a-543a. This procedure specifically addresses (a) administration of medication under emergency circumstances, and (b) the administration of involuntary medications for patients who are (1) capable of providing informed consent and are assessed as posing a direct threat of harm to self or others *or* (2) incapable of providing informed consent and deemed to be in need of medication for the treatment of their psychiatric disabilities. It is the preference/goal of Whiting Forensic Hospital (WFH) that medication decisions be made by the patient (or conservator of person if already so appointed and given authority to consent to psychiatric medication) in consultation with the prescribing physician. At each point in the process described below, the prescriber shall attempt to bring about joint agreement, whenever possible.

SCOPE: All RNs, LPNs, APRNs, Physicians, FTSs, Lead FTS and Unit Directors

Definitions:

Informed Consent - means permission given competently and voluntarily after a patient has been informed of the reason for treatment, the nature of the proposed treatment, the potential advantages or disadvantages of the treatment, medically acceptable alternative treatment, the potential risks associated with receiving the proposed treatment and the potential risk of no treatment.

Direct Threat of Harm - means that the patient's clinical history demonstrates a pattern of serious physical injury or life-threatening injury to self or to others which is caused by the psychiatric disability with which the patient has been diagnosed and is documented by objective medical and other factual evidence. Such evidence of past pattern of dangerous behavior shall be manifested in the patient's medical history and there shall exist a high probability that the patient will inflict substantial harm on him/herself or others.

An *emergency* exists when, in the clinical judgement of a physician as determined by personal observation by the physician or a senior clinician, the patient's condition is (a) extremely critical and presents an immediate risk to the patient's well being and/or to the physical safety of others, (b) obtaining consent (in the procedures that follow) would cause a medically harmful delay to the patient or an immediate risk to the physical safety of others. Medically, harmful delay means a delay that could result in serious mental or physical injury to the patient or producing in the patient a disturbed mental state or impaired judgement which may be grossly detrimental to the patient's physical or mental well being. An emergency exists only as long as the above conditions exist.

PROCEDURE:

I. Emergency Medication

A. Assessment Criteria

1. Medication excluding "depot" or long-acting medications, may be administered on an emergency basis without the consent of the patient, and without obtaining authorization through the procedures set forth in Sections II, III and V of this procedure, only when a physician or a senior clinician has *personally observed* the patient, and determined that an emergency exists and the emergency cannot be addressed through less intrusive means.
2. The decision to administer emergency medications shall be based on an assessment of the patient's condition, and the clinical judgement of the professional making the decision, who may consider the effect that violent behavior would have on the patient's physical and mental well-being.
3. The physician authorizing emergency medication shall document the conditions required to initiate emergency medication in the progress notes of the medical

record, including the reason that less intrusive means could not contain the emergency.

4. Involuntary medication may be administered under this section only as long as an emergency continues, and it is documented in the progress notes of the medical record that the conditions needed to initiate emergency medication persist.

II. Involuntary Medication

A. Medication Consultation

1. When medication is thought to be medically indicated in the treatment of any patient, the physician:
 - a. continues to further the therapeutic alliance with the patient to the extent possible;
 - b. informs the patient regarding the reasons for medication;
 - c. discusses the nature of the proposed treatment with the patient;
 - d. describes the potential advantage and disadvantages of treatment;
 - e. discusses medically acceptable alternative treatment;
 - f. discusses the potential risk associated with the proposed treatment;
 - g. discusses the potential risk of no treatment;
 - h. responds as fully and constructively as possible to the patient's questions, concerns, and reasonable preferences; and
 - i. documents these efforts in the patient's medical record in a progress note.
2. The attending physician seeks a second opinion regarding the necessity and appropriateness of medication when:
 - a. efforts at education and advice are not successful;
 - b. there is no less intrusive beneficial treatment;
 - c. the patient appears to be incapable of providing informed consent; or
 - d. the patient appears to be capable of informed consent but without medication, the psychiatric disabilities with which the patient has been diagnosed will continue unabated, and place the patient or others in direct threat of harm.
3. The attending physician/designee informs the patient orally or in writing of available advocacy services whenever the physician requests a second opinion regarding the necessity and appropriateness of medication (under provisions of Sections II, IV, V and VI below) in order to determine if the patient would like an advocate to represent him/her. This notice and determination shall be documented in the medical record. *See* Notice of Advocacy Services (WFH-606). The advocate may be:
 - a. the patient's private counsel;
 - b. a member from the Connecticut Legal Rights Projects (CLRP);
 - c. a member of the Office of the Public Defender;
 - d. a member of the Office of Protection and Advocacy; or
 - e. any person of the patient's choice.
4. The attending physician/designee shall notify the advocate, if one has been identified by the patient, and if the patient has authorized the release of

information to the advocate in writing, within 24 hours, and in writing, of the request for a second opinion including the name of the patient and location at the time this process is initiated.

5. The physician rendering the second opinion (the Consultant) shall not be directly involved in the patient's current treatment or evaluation and shall:
 - a. review the patient's medical record;
 - b. perform a direct evaluation of the patient;
 - c. interview others involved in the patient's treatment as appropriate; and
 - d. submit written recommendations to the attending physician and the Medical Director/designee within three days of the date the consultation is requested.

6. The Consultant shall include in his/her report an opinion as to:
 - a. whether medication is necessary and appropriate for the patient's treatment, and,
 - b. whether the patient is incapable of providing informed consent, or
 - c. whether the patient is capable of providing informed consent but without medication, the psychiatric disabilities with which the patient has been diagnosed will continue unabated, and place the patient or others in direct threat of harm.

7. If the Consultant recommends that the medication in question be provided only with the consent of the patient and the attending physician concurs, no further action will occur.

8. In the event of disagreement between the attending physician and the Consultant, the Medical Director/designee in consultation with the Chief Medical Officer (CMO) shall make an independent recommendation to the CEO as defined in CGS 17a-540(7), and applying to all further uses of this term below as to whether or not further action should be taken to administer involuntary medication, and the CEO/designee shall make an independent determination regarding the need to proceed.

9. If two physicians agree to go forward with the involuntary medication procedure, the CEO/designee shall review the information available and make an independent determination regarding the need to proceed.

10. If a decision is made to go forward with involuntary medication, the Attending Physician shall determine if:
 - a. an internal involuntary medication hearing should be held following the procedures outlined in Section IIB below; or

 - b. a petition should be filed with the Probate Court either:
 - (1) to appoint a Conservator for purposes of making medication

decisions for a patient assessed as being incapable of providing informed consent following the procedures outlined in Section III below; or

(2) to order involuntary medication for a patient found to be capable of

providing informed consent, but without medication the psychiatric disabilities with which the patient has been diagnosed will continue unabated, and place the patient or others in direct threat of harm, following the procedures outlined in Section IV below; or

- c. both an internal involuntary medication hearing and a petition to the Probate Court should proceed simultaneously, following the procedures outlined in Section IIB and III below. This should occur if there is an expectation that the patient will require medication for more than 30 days to stabilize his/her psychiatric condition.

B. Internal Involuntary Medication Hearings

1. The attending physician/designee shall notify, in writing (a) the Medical Director/designee and (b) the patient, and (c) the patient's selected advocate, if one has been identified by the patient, and if the patient has authorized the release of information to the advocate, within 24 hours in writing of the decision to schedule an internal involuntary medication hearing, including the patient's name and location at the time this process is initiated.
2. The Medical Director/designee, the patient, and advocate shall discuss and seek agreement on the appointment of a Hearing Officer who is *not* an employee of the inpatient facility.
3. If no consensus on the choice of a Hearing Officer is reached, the Service Medical Director shall contact the CMO who will make the choice of a Hearing Officer following consultation with the parties.
5. The attending physician shall provide the patient with a copy of the CLRP informational booklet explaining his/her rights and responsibilities regarding consent to medication.
6. The Medical Director/designee shall give written notice to the patient and advocate, if one has been identified by the patient, three working days in advance of the hearing, providing the reason(s) the physician believes the medication is appropriate and necessary.
7. The attending physician may not medicate the patient, absent an emergency, until a decision is rendered from the hearing.

8. Prior to the hearing, the patient is informed of the following rights:
 - a. to attend;
 - b. to present evidence, including witnesses;
 - c. to question witnesses;
 - d. to be assisted by legal counsel or a patient advocate, if selected by the patient.

9. The following participants are present at the hearing, as indicated:
 - a. the patient, if he/she wishes to attend;
 - b. the patient advocate or representative as per the patient's wishes;
 - c. the Hearing Officer;
 - d. the attending physician;
 - e. other representatives of the patient's treatment team from the facility and community programs (where relevant);
 - f. the Consultant who has rendered the second opinion in the case;
 - g. an Assistant Attorney General if requested and, if deemed appropriate by the Attorney General's Office; and
 - h. other relevant witnesses who may be called by either party.

10. The meeting is to be tape recorded and is available to both sides in the event of appeal. The Hearing Officer presides and swears in witnesses, who will testify and be subject to questions. The tape is maintained in the Health Information Management (HIM) as part of the medical record.

11. The Hearing Officer may only authorize involuntary medication if she/he finds that either:
 - a.
 - 1) the patient is incapable of informed consent; and
 - 2) the medication is medically necessary and appropriate; and
 - 3) there is substantial probability that without such medication, the condition of the patient will rapidly deteriorate; and
 - 4) the provision of such medication would not violate an advance health care directive; or
 - b.
 - 1) the patient while capable of giving informed consent is refusing to accept medically appropriate and necessary medication; *and*
 - 2) there is no less intrusive beneficial treatment; *and*
 - 3) without medication the patient's psychiatric disabilities will continue unabated and place the patient or others in direct threat of harm; *and*
 - 4) there is substantial probability that without such medication, the condition of the patient will rapidly deteriorate.

12. The Hearing Officer shall render a written decision within three (3) working days after the hearing and shall forward a copy to the patient, his/her advocate, if one

has been identified by the patient, the Medical Director/designee, and the attending physician. *See* Form WFH-464a Decision of Hearing Officer on Involuntary Medication.

13. The Hearing Officer shall notify the patient and advocate, if any, that he or she may request an expedited hearing before the Probate Court if he/she disagrees with the hearing decision.
14. Should the patient request an expedited hearing before the Probate Court, the attending physician may provide medication to the patient for 15 days or until a decision is rendered by the Probate Court, whichever is sooner.
15. Should the patient not file a request for an expedited hearing, the attending physician may provide medication to the patient for no more than 30 days. If medication is required beyond 30 days, an application may be filed with the Probate Court for appointment of conservator of person as described below, if the patient continues to decline, or be unable to give, consent to the medication.

III. Conservatorship Petitions for Patients Incapable of Informed Consent

A. Consultation and Application

1. If the attending physician concludes that medication is appropriate and necessary and the patient is incapable of providing informed consent for the treatment of psychiatric disabilities, regardless of his/her willingness to accept medication, he/she requests consultation with another physician.
2. If the second physician (consultant) concurs with the attending physician's opinion, the CEO shall review the information available and make an independent decision regarding the need to proceed. If a decision is made to go forward with involuntary medication and if the attending physician determines that a petition should be filed with the Probate Court, the attending physician files a petition with the Probate Court for the appointment of a Conservator of person with specific authority to consent to medication administration. If the patient has a Conservator, the hospital or the Conservator must still petition the Probate Court to grant the Conservator specific authority to consent to medication administration, unless such specific authority has already been granted and is currently invalid.
3. If the patient has not already chosen an advocate, at this time, the physician/designee shall also remind the patient of the availability of advocacy services, following the procedures outlined in Section IIA3 above. If the patient has selected an advocate, and if the patient has authorized the release of information to the advocate in writing, the attending physician/designee shall ensure that the advocate is notified within 24 hours in writing of the patient's name and location at the time this process is initiated. (Notice to Patient's Advocate of Involuntary Medication procedures).

4. The attending physician and consultant physician shall follow procedures outlined in Section IIA3 through 11A 10 in seeking involuntary medication under this Section.

B. Appointment and Responsibility of the Conservator

1. If the court appoints a Conservator, the Conservator shall:
 - a. meet with the patient and the physician;
 - b. review the patient's medical records; and
 - c. consider the following in deciding whether to consent to medicate:
 1. risks and benefits from the medication;
 2. the likelihood and seriousness of adverse side effects;
 3. the preferences of the patient;
 4. the patient's religious views; and
 5. the prognosis with and without medication.
2. The Conservator shall sign a form which confirms he/she has complied with the provisions in Section IIIB1 above, and whether or not he/she consents to medication. The original, signed copy of Form WFH-464b Decision of Conservator on the Administration of Involuntary Medication, will be retained in the patient's medical record.
3. The authority of the Conservator to consent to the patient receiving medication shall be effective for no longer than 120 days.
4. The Conservator has the right to revoke consent to medication at any time.
5. If the patient is continuously hospitalized beyond 120 days, the authority of the Conservator to consent to medication administration may be extended up to 120 days by order of the Probate Court without a hearing upon application by the CEO if the CEO and two qualified physicians determine that:
 - a. the patient continues to be incapable of giving informed consent to medication; and
 - b. such medication is deemed necessary for such patient's treatment.
6. The patient's advocate, if one has been identified by the patient, and if the patient has authorized the release of information to the advocate in writing, shall be notified at the time of the application for the 120 day extension to the Probate Court by the attending physician/designee. (Notice to Patient's Advocate of Involuntary Medication Procedures is attached).

IV. Petitions for Persons Capable of Informed Consent

A. Consultation and Application

1. The attending physician shall request consultation from another physician if:
 - a. he/she concludes that a patient has a psychiatric disability; and
 - b. the patient is capable of providing informed consent for the medication deemed by the attending physician to be appropriate and necessary for the treatment of his/her psychiatric disability; and,

- c. is refusing to accept such medication; and
 - d. there is no less intrusive beneficial treatment; and
 - e. without medication, the psychiatric disabilities will continue unabated and place the patient or others in direct threat of harm.
2. If the second physician (consultant) concurs with the attending physician's opinion, the CEO shall review the information available and make an independent decision regarding the need to proceed. If a decision is made to go forward with involuntary medication and if the attending physician determines that a petition should be filed with the Probate Court, the attending physician shall file a petition with the Probate Court requesting authority to provide involuntary medication for up to 120 days.
 3. If the patient has not already chosen an advocate, at this time the physician/designee shall also remind the patient of the availability of advocacy services, following the procedures outlined in Section IIA3 above. If the patient has selected an advocate, and if the patient has authorized the release of information to the advocate in writing, the attending physician/ designee ensures that the advocate is notified within 24 hours of the patient's name and location at the time this process is initiated. (Notice to Patient's Advocate of Involuntary Medication Procedures is attached).
 4. If the patient is continuously hospitalized beyond 120 days, the authority for medication administration may be extended up to 120 days by order of the Probate Court without a hearing upon application by the CEO and two qualified physicians determine that:
 - a. the patient continues to be capable of giving informed consent to medication but refuses to consent to medication for treatment of his/her psychiatric disabilities; and
 - b. without medication, the psychiatric disabilities will continue unabated and place the patient or others in direct threat of harm.
 5. The patient's advocate, if one has been identified by the patient, and if the patient has authorized the release of information to the advocate in writing, shall be notified at the time of the application for 120 day extension to the Probate Court by the attending physician/designee. (Notice to Patient's Advocate of Involuntary Medication Procedures).
 6. The attending physician and consultant physician shall follow procedures outlined in Section IIA3 through IIA 10 in seeking involuntary medication under this Section.

B. Decision of the Probate Court

1. If the Probate Court authorizes medication, the attending physician may provide medication in accordance with the Probate Court authorization.
2. If the Probate Court denies authorization, medications may not be administered except in emergencies.

V. Application for Special Limited Conservator

A. Consultation and Application

1. If the attending physician concludes that medication is appropriate and necessary for treatment of a patient committed for restoration of competence to stand trial under CGS § 54-56d, and the patient is incapable of providing informed consent for the treatment of psychiatric disabilities, regardless of his/her willingness to accept medication, the attending physician requests consultation with another physician.
2. At the time that the decision is made to seek consultation with another physician, the hospital will inform the patient's defense counsel and the state's attorney in writing of this decision, with a copy of such notice provided to the Clerk of the Court from which the patient was committed pursuant to CGS 54-56d. (This notice is made in addition to the notice of availability of advocacy services in Section IIA3 above, which will also be made). A sample form for "Notice to Court of Involuntary Medication Procedures Pursuant to CGS 17a-543a is attached.
3. If the decision is made to proceed with the application to Probate Court for appointment of the SLC, both the defense counsel and state's attorney will be listed as "interested parties" on the application so that the Probate Court will notify them of any further proceedings on the matter. If the patient already has a conservator of person or estate appointed, the conservator shall also be listed as an "interested party." If the patient has chosen an advocate, the advocate will also be listed as an "interested party."

B. Appointment and Responsibility of the Special Limited Conservator

1. If the court appoints a SLC, the SLC shall:
 - a. meet with the patient and the physician; and
 - b. review the patient's medical records; and
 - c. consider the following in deciding whether to consent to medication:
 1. potential risks and benefits from the medication;
 2. the likelihood and seriousness of adverse side effects;
 3. the preferences of the patient;
 4. the patient's religious views; and
 5. the prognosis with and without medication.
2. The SLC shall sign a form which confirms he/she has complied with the provisions in Section V-B-1 above, and whether or not he/she consents to medication. The original, signed, copy will be retained in the patient's medical record. A copy shall be given to the SLC (Decision of SLC on the Administration of Involuntary Medication).
3. The authority of the SLC to consent to the patient receiving medication, shall be effective for the period designated in CGS § 17a-543a.
4. The SLC has the right to revoke consent to medication at any time.

5. If the patient is continuously hospitalized beyond 120 days, the authority of the SLC to consent to medication administration may be extended up to 120 days by order of the Probate Court without a hearing upon application by the CEO if and two qualified physicians determine that:
 - a. the patient continues to be incapable of giving informed consent to medication; and
 - b. such medication is deemed necessary for such patient's treatment.
6. The hospital will notify the SLC that he/she no longer has authority to consent to medication for the identified patient.

VI. Application to Probate Court for 54-56d Patients Capable of Informed Consent

A. Consultation and Application

1. The attending physician shall request consultation from another physician if:
 - a. he/she concludes that a patient has a psychiatric disability; and
 - b. the patient is capable of providing informed consent for the medication deemed by the attending physician to be appropriate and necessary for the treatment of his/her psychiatric disability; and
 - c. is refusing to accept such medication; and
 - d. there is no less intrusive beneficial treatment; and
 - e. without medication, the psychiatric disabilities will continue unabated and place the patient or others in direct threat of harm.
2. At the time that the decision is made to seek consultation with another physician, the hospital will inform the patient's defense counsel and the state's attorney in writing of this decision, with a copy of such notice provided to the Clerk of the Court from which the patient was committed pursuant to CGS 54-56d. (This notice is made in addition to the notice of availability of advocacy services in Section II A3 above, which will also be made). Notice of Court of Involuntary Medication Procedures pursuant to CGS 17a-543a.
3. If the second physician (consultant) concurs with the attending physician's opinion, (according to procedures outlined in Sections II A5-6 above) and if the attending physician determines that a petition should be filed with the Probate Court, the CEO shall review the information available and make an independent decision regarding the need to proceed. If a decision is made to go forward, the attending physician shall file a petition with the Probate Court requesting authority to provide involuntary medication for up to 120 days under CGS 17a-543a(b)(1).
4. If the patient has not already chosen an advocate, at this time the physician/designee shall also remind the patient of the availability of advocacy services, following the procedures outlined in Section II A3 above. If the patient has

selected an advocate, and if the patient has authorized the release of information to the advocate in writing, the attending physician/designee shall ensure that the advocate is notified within 24 hours of the patient's name and location at the time this process is initiated. Notice to Patient's Advocate of Involuntary Medication Procedures pursuant to CGS 17a-543a is attached.

5. If the patient is continuously hospitalized beyond 120 days, the authority for medication administration may be extended up to 120 days by order of the Probate Court without a hearing upon application by the CEO if the CEO and two qualified physicians determine that:
 - a. the patient continues to be capable of giving informed consent to medication for treatment of his/her psychiatric disabilities; and
 - b. there is no less intrusive beneficial treatment; and
 - c. without medication, the psychiatric disabilities will continue unabated and place the patient or others in direct threat of harm.

6. The patient's advocate, if one has been identified by the patient, and if the patient has authorized the release of information to the advocate in writing, shall be notified at the time of the application for 120 day extension to the Probate Court by the attending physician/designee. Notice to Patient's Advocate of Involuntary Medication procedures pursuant to CGS 17a-543a is attached.

B. Decision of the Probate Court

1. If the Probate Court appoints a conservator with the authority to consent to psychotropic medication, the attending physician may provide medication in accordance with the conservator's consent.

2. If the Probate Court denies appointment of a conservator for the purpose of administration of involuntary medications, psychotropic medications may **not be** administered except in emergencies, or as otherwise authorized by the Superior Court pursuant to CGS 54-56d(d).

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.2:	Drug-Use Evaluation and Medication-Use Evaluation
Governing Body Approval:	May 1, 2018
REVISED:	

PURPOSE: Drug-Use Evaluation (DUE) and Medication-Use Evaluation (MUE) are both performance improvement methods that focus on evaluating and improving medication-use processes with the goal of optimal patient outcomes. These evaluations may be applied to a medication, or therapeutic class, disease state or condition, a medication-use process, or specific outcomes. (*The American Society of Health-Systems Pharmacists. ASHP Guidelines on Medication-use Evaluation*)

SCOPE: Medical Staff, Pharmacy Staff, Nursing

POLICY:

DUEs and MUEs must be conducted as organizationally authorized programs or processes that are proactive, criteria based, designed and managed by an interdisciplinary team, and systematically carried out. These are conducted as a collaborative effort of prescribers, pharmacists, nurses, and administrators.

PROCEDURE:

1. Establish organizational authority for the DUE/MUE process and identify responsible individuals and groups.

The Pharmacy, Nutrition & Therapeutics Committee will be responsible for the DUE/MUE process and will obtain input from the Medical Staff on potential future DUE/MUEs and report all evaluations findings including associated recommendations to the Medical Staff.

2. Identify potential areas where medication-use can be improved.
3. Set priorities for in-depth analysis of important aspects of medication use.
4. Inform health-care professionals in the practice setting about the objectives and expected benefits of the DUE/MUE process.
5. Establish criteria, guidelines, treatment protocols, and standards of care for specific medications and medication-use processes.
6. Educate health care professionals to promote the use of guidelines, treatment protocols, and standards of care.
7. Establish mechanisms for timely communication among health care professionals.
8. Initiate the use of DUE/MUE criteria, guidelines, treatment protocols, and standards of care in the medication-use process.
9. Collect data and evaluate care in the following ways:
 - A. Aggregate data will be evaluated by the PNT Committee.
 - B. Individual prescribers' data will be blinded and evaluated by the PNT Committee.
 - C. Individual prescribers' data will be shared with the applicable Service Medical Director and Chief Medical Officer, as indicated to evaluate ongoing competence.
 - D. Individual prescribers will be informed of results of the study and their individual data.
10. Develop and implement plans for improvement of the medication-use process based on DUE/ MUE findings, if indicated.
11. Assess the effectiveness of the actions taken and document improvements.
12. Incorporate improvements into guidelines, treatment protocols, and standards of care, when indicated.
13. Regularly assess the effectiveness of the DUE/MUE process itself and make needed improvements.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.3:	Medication Event Reporting System
Governing Body Approval:	May 19, 2021, October 20, 2023
REVISED:	April 28, 2021, October 25, 2023
Effective Date:	November 3, 2023

PURPOSE: The Whiting forensic hospital (WFH) Medication Event Reporting System is designed to review all medication-related incidents, in an effort to identify opportunities for quality process improvement and to mitigate the negative impact of medication related events.

SCOPE: Nurses, Medical Staff, APRN, Pharmacy staff

POLICY:

To increase the safety of medication management processes, this system facilitates:

- identification of the medication events that occur;
- analysis of each serious event to determine the root causes that, if eliminated, could reduce the risk of similar events in the future;
- compilation of data about event frequency, type, and the root causes of the events;
- dissemination of appropriate information, to redesign systems and processes to reduce the risk of future events; and
- periodic assessment of the effectiveness of redesigned systems.

Definitions:

A. Medication Event

Any occurrence that may contribute to or directly result in patient harm. Such events may be related to the ordering, preparation, dispensing, transcription, administration or monitoring of medications. A medication event may be potential or actual.

1. Potential Medication Event

A medication event that is detected and corrected through intervention before actual medication administration or omission.

2. Actual Medication Event

An actual medication event is one that, in fact, reaches the patient. Actual medication events are divided into two subtypes:

- a. Simple – involves only one category of event; and
- b. Complex – involves more than one category with one root cause.

3. Variance

A variance is defined as a discrepancy between what is ordered and what is actually administered to the patient. Prescribing orders are also considered variances since the patient does not receive the intended medication. Each dose of a medication involved in an event counts as one medication variance. There may be a number of treatment alterations that are the result of a single event. Variances only apply to actual events. For example, three incorrect doses are administered due to one event in dispensing. This results in three variances. Variances are reported for each medication involved.

4. Root Cause

The primary source of the event: prescribing, dispensing, or administration.

Categories of Medication Events

A. Prescribing

Incorrect drug selection (based on indications, contraindications, known allergies, and existing drug therapy), dose, dosage form, quantity, route, concentration, rate of administration, instructions for use, illegible or ambiguous prescription or medication order.

B. Order Processing & Dispensing

Medication order incorrectly processed or incorrect medication dispensed, formulated, labeled, or manipulated before distribution to the patient care area, or an order that was not processed by pharmacy in a timely manner, resulting a delay in administration.

C. Transcription

Failure to transcribe a medication order, a medication order that is incorrectly transcribed, or a medication order that is transcribed to the wrong patient's Kardex; failure to document in the Kardex that an ordered medication was or was not administered.

D. Administration

Actual medication events can include (but are not necessarily limited to) administration of a medication to the wrong patient, administration of the wrong medication, administration of an incorrect dose of a medication; failure to administer an ordered dose of medication, administration of a medication outside a predefined time interval, administration of a drug product in a different dosage form than ordered by the prescriber, administration of a medication by an incorrect route or technique, administration of a deteriorated or outdated drug.

E. Monitoring

Failure to acquire or to respond to appropriate clinical or laboratory data necessary to gauge the safety and effectiveness of a prescribed therapy (*for example*, continued administration of Lithium when blood levels are within toxic range or failure to conduct accucheck prior to Insulin administration), if ordered.

F. Drug Count Discrepancy

The amount of controlled substances, as entered in the computer, does not correspond to the actual count as found in the medication drawer.

Classification of Medication Events

The outcomes of medication events range from no patient harm to patient death. Classification of medication events based on potential seriousness and clinical significance will allow for better management of follow-up activities.

- **LEVEL 1** An event occurred that did not result in patient harm. (ORYX 1)

- **LEVEL 2** An event occurred that resulted in the need for increased patient monitoring or observation but no other treatment or intervention was required. (ORYX 1)

- **LEVEL 3** An event occurred that resulted in the need for treatment(s) and/or intervention(s) in addition to monitoring, including evaluation/treatment in a hospital emergency room or treatment with another drug. (ORYX 2)

- **LEVEL 4** An event occurred that resulted in the need for acute care hospital admission but was not life threatening and resulted in no permanent patient harm. (ORYX 2)
- **LEVEL 5** An event occurred that was life threatening or resulted in permanent patient harm. (ORYX 3)
- **LEVEL 6** An event occurred that resulted in patient death. (ORYX 3)

PROCEDURE:

- I. **Identification of Medication Events** (Anyone involved in patient care can help identify medication events and are responsible to do so)
 - A. Prescribing and monitoring events are captured in a number of ways that are documented on the MERF, including, but not limited to, the following:
 1. A clinical pharmacist reviews every new or changed medication order for correct dose, allergy, duplicate drug therapy, indication and appropriate monitoring. This review is based on an automated screening by the Pharmacy Performance Computer System and a comparison of prescribed therapy to the Medical Staff approved drug therapy guidelines.
 2. The nurse notes prescribing and monitoring events which may result in either a potential or actual administration event which are documented on the MERF.
 3. Medication events may be self-reported by the physician, and will require a completed MERF.
 - B. Transcription and administration events are captured in several possible ways including, but not limited to, the following:
 1. Nursing completes the 24-hour medication check on every patient on third shift. This check compares the Medication Administration Record (MAR) to the physician's orders. When a discrepancy is noted, a MERF is completed, including when the MAR does not note a scheduled administration as given. A separate MERF is completed for each discrepancy noted.
 2. Medication events may be self-reported by the nurse assigned to the administration or by the staff who have identified the error.

- C. Dispensing events are captured in a number of ways, including, but not limited to, the following:
1. Pharmacy audits dispensing activity daily. Potential and actual dispensing events are reported on the MERF.
 2. The nurse notes a dispensing event which results in a potential or actual administration event.
 3. Medication events may be self-reported by the pharmacist.

II. Reporting and Processing Medication Events (Potential and Actual)

- A. Based on the potential severity of the medication event, the nurse will notify the Physician in a timely manner, with notification occurring no later than one hour after discovery.
- B. The physician and the nurse immediately take appropriate medical action based upon the severity of the actual medication event. Events are to be reported to the Director of Nursing /manager on duty within 30 minutes of being discovered (Notification is documented on WFH 495). Errors Level 3 or higher require immediate notification to the CNO and CMO by the Director of Nursing/Manager on duty.
- C. The staff who discovers the medication event is responsible for reporting it by completing Section I of the MERF (WFH-495), calling the ADR/MERF hotline at x 6692, verbally notifying the Nurse Supervisor's office and forwarding the MERF to the Nurse Supervisor by end of shift of discovery.

The Nurse Supervisor/Supervising Pharmacist is responsible for completing Sections II-IV, after conducting an investigation of the event and recording findings. All sections are to be completed in their entirety. The Nurse Supervisor scans to the pharmacy utilizing the scan to pharmacy option on the copier located in the supervisor office of either the Whiting or Dutcher buildings. All MERFs must be scanned to the Pharmacy MERF folder on the T drive no later than 24 hours of discovery. The Nursing Supervisor then forwards the completed MERF to the CNO who reviews, identifies necessary follow up and documents on the MERF. Final MERF with CNO documentation will be sent to pharmacy after review.

- D. For all actual medication events, the psychiatrist, APRN, or ACS physician who is caring for the patient (the on-call psychiatrist or MOD covers if the treater is not available) reviews the MERF, assesses the patient, and completes section V of the MERF before the end of the shift in which the error was identified. Section V of the MERF provides the severity assessment of the medication event.

- E. In all cases where the severity rating from section V of the MERF is Level 3 or above, the physician or APRN verbally notifies the Nurse Supervisor to begin the critical incident review notification process (See Operational Procedure 5.8 Patient Safety Event and Incident Management); The CNO and/or Supervising Pharmacist conduct either an Administrative Review or Critical Incident Review depending on the severity of the error and resulting impact on the patient.

III. Performance Improvement

- A. Pharmacy will maintain an electronic database of all medication events for performance improvement analysis. In addition to the pharmacy department, the database will be accessible by the CMO, CNO and CQCO.
- B. The PNT Committee analyzes aggregate data quarterly, related to reported potential and actual medication events to identify systems issues and opportunities for improvement in the medication processes. Aggregated data is provided to the Quality Assurance Department quarterly.
- C. The PNT Committee provides a quarterly report to the Medical Staff, which in turn reports its findings and recommendations to the Governing Body at least annually.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.5:	Patient Self-Administration of Medication
Governing Body Approval:	May 1, 2018
REVISIONS:	

PURPOSE: The Registered Nurse ensures that client learning to self-administer their medications can knowledgeably and competently do so. The client can expect to receive education, instruction and support as the Registered Nurse assesses and a Licensed Nurse observes the client self-administer medications.

SCOPE: All Nurses and Medical Staff

POLICY:

Supervised Self-administration of medication is defined as the preparation and administration of medication to self, by a client, under the direct supervision of a nurse.

A Physician/APRN/PA Order will be written for client supervised self-administration of medication once the RN assesses the client's competency to do so.

A Physician, APRN/PA may write an Order to allow a client to self-administer an Epipen or Inhaler without direct supervision by the Nurse.

PROCEDURE:

I. Competency Assessment:

- A. The Nurse will educate the client on prescribed medication(s) using the print out from the Micromedex, Healthcare Series.

- B. The Registered Nurse will complete the Assessment for Supervised Self-Administration of Medication (WFH-515) on any client identified as a candidate for supervised self-administration of medication.
- C. Results of the Competency Assessment will be reviewed with the client. If additional instruction and support is required, the RN will continue to meet with the client at a pace he/she is comfortable with until such time as they are ready to be reassessed for Competency Assessment of Supervised Self Administration of Medication.
- D. Identify client-teaching interventions in the Nursing Plan of Care/Master Treatment Plan, and Progress Notes.
- E. Review results of the assessment with the Attending Physician responsible for authorizing supervised self-medication. A physician's order is required for client supervised self-administration of medication. The order must be renewed every thirty (30) days.
- F. Complete a new assessment for new modes of administration and/or new medications, before a client re-institutes supervised self-medication following discontinuation and/or whenever clinically indicated. Each individual who is authorized to self-administer medication under supervision will be reassessed at least annually and a new WFH-515 will be placed in the medical record.
- G. File WFH-515 in the Assessment Section of the medical record following the Nursing Assessment.

II. Procedure for Supervised Self-Administration:

- A. Clients will be encouraged to and staff will wash their hands both prior to and after handling medication. Client medications will be delivered by WFH pharmacy and stored in locked medication boxes in a locked cabinet. The area will regularly be inspected by nursing and pharmacy. A nurse will check the integrity of the blister pack and its contents upon receiving the medication from Pharmacy.
- B. Medications that are given to clients have a double check to ensure the identity of the client. This is done by asking the client his /her name, and date of birth and matching this to the addressograph in the medical record.
- C. Supervise the client's self-administration of medication using the Medication Administration Record (MAR).

- D. Check the label(s) of the client's medications before giving them to the client.
- E. Have the client identify the medications he/she is going to take with the label(s), recheck the label with you, and pour meds into a med cup, informing you of the following:
 - 1. name of medication
 - 2. prescribed dose when able
 - 3. purpose of medication
 - 4. directions for taking the medication
 - 5. special considerations/side effects
 - 6. time of day and frequency the medications are to be taken.
- F. Observe/supervise the client's self-administration of his/her medication(s) and document in the Medication Administration Record (MAR).
- G. Have the client return the medication to you and recheck the label.
- H. When a client has an Order to independently self-administer an Inhaler/Epipen, request that the client inform the nurse so the nurse may document usage.

III. **Documentation:**

- A. Note "SELF MED" on the Medication Administration Record (MAR).
- B. Documentation by a Nurse supervising self-administration signifies that the client received the appropriate medication at the appropriate time.
- C. Document Inhaler/Epipen usage as appropriate under STAT and/or PRN medications on the MAR.
- D. Continually assess the client in terms of any change in condition which would suggest discontinuing supervised self-administration of medication if clinically warranted. Discuss further orders with the Attending Physician.
- E. The Registered Nurse will document in the Progress Notes an initial Note addressing the client's competency to self-administer under supervision specific medications and any further educational needs. Competency must be obtained and documented prior to admission to the Cottage Program when possible.
- F. At least annually, a reassessment by the RN will be performed, noting clients' proficiency and/or other issues in the Progress Notes.

IV. Insulin Supervised Self-Administration

- A. The nurse checks the Physician's Order Sheet against the MAR and checks the vial for the prescribed insulin before giving it to the client for self-administration.
- B. After the client administers the Insulin, the nurse places his/her initials in the first hour box of the MAR, signifying the client received the appropriate medication at the appropriate time. The same Nurse also records his/her initials in the second hour box, verifying with the client the correct type, dose and units were administered by the client.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION: I	PATIENT FOCUSED FUNCTIONS
CHAPTER: 3	Medication Management
PROCEDURE: 3.6	Patient COVID-19 Vaccination Administration
Governing Body Approval:	February 19, 2021
REVISIONS:	

Standard of Care:

To ensure that patients receiving the COVID-19 vaccine is vaccinated in a safe manner in accordance with the CDC and CT DPH recommendations and the policies established by the Whiting Forensic Hospital.

Protocol

The vaccination of patients will be prepared and administered in accordance with the following Nursing Policies:

- 23.3 Preparation and Administration,
- 23.2 Medication Transcription,
- 23.6 Medication Management,
- 23.12 Twenty-Four Hour Medication Transcription Review,
- 23.17.7 Multi dose Vial and Liquid Medication, and
- 23.19 Monitoring and Reporting of Adverse Drug Reactions.

Scope

All Nursing Staff.

Process

A Nurse assigned to the vaccination process will complete the vaccine tracking form and transport the vaccine vials to the patient units. In addition, they will:

- Confirm written consent in patients' medical record
- Confirm the Patient Screening Form has been completed.
- Confirm the vaccination card is initiated and will be stored in the medical record
- Confirm physician order
- Confirm transcription of the physician order
 - Transcribe dose 1 to MAR form. Dose 2 should be ordered and transcribed at the time of administration 24-28 days later.

- Confirm that the medications and equipment are available and on site:
 1. At least 3 epinephrine prefilled syringes or auto injectors on hand at any given time
 2. Antihistamine (diphenhydramine)
 3. Blood Pressure cuff
 4. Stethoscope
 5. Timing device to assess monitoring time
- Provide vaccine education to the patient receiving the vaccination, and answer any patient questions.
- Preparing the Vaccine
 1. Use a new, sterile needle and syringe for each injection
 2. Perform hand hygiene before preparing vaccine
 3. Nurse must record the time the vial is opened. (Vial usage expires after 6 hours)
 4. Prepare vaccine in medication room
 - 5. Record the date and time of the first use of the vial on the vial**
 6. Check the expiration date
 7. Gently swirl the vaccine in the vial. **DO NOT SHAKE.**
 8. Examine the vaccine. It should be white to off white in color and may contain white particles. **DO NOT USE IF LIQUID CONTAINS OTHER PARTICULATE MATTER OR IS DISCOLORED.**
- Prepare the Injection
 1. Choose the syringe and needle for IM injection
 2. Cleanse the stopper on the vaccine vial with a new, sterile alcohol prep pad
 3. Withdraw the prescribed dose of vaccine into the syringe, ensuring the prepared syringe is not cold to the touch

Sex and Weight	Needle Gauge	Needle Length	Inject Site (may use anterolateral thigh alternatively)
Female or male < 130 lbs.	22-25	5/8" – 1"	Deltoid muscle
Female or male 130-152 lbs.	22-25	1"	Deltoid Muscle
Female 152-200 lbs.	22-25	1" – 1 1/2"	Deltoid Muscle
Male 153-260 lbs.	22-25	1" – 1 1/2"	Deltoid Muscle
Female 200+ lbs.	22-25	1 1/2"	Deltoid Muscle
Male 260+ lbs.	22-25	1 1/2"	Deltoid Muscle

- Personal Protective Equipment
 1. Face mask
 2. Eye protection
 3. Gloves
- Administering the Vaccine
 1. Administer in Deltoid muscle in the upper arm
 2. Insert the needle at a 90-degree angle into the middle and thickest part of the muscle and inject all the vaccine.
- Initial MAR after administering vaccine
- Record the administration on the WFH-115 COVID-19 screening-admission form in the health section of the medical record, and on the COVID-19 Vaccination Card which should be filed with the patient photo in the plastic sleeve in the front of the chart.
- A unit nurse will monitor any patient receiving a vaccine. Patients with a history of an immediate allergic reaction of any severity to a vaccine of injectable therapy and persons with a history of anaphylaxis due to any cause will be monitored for **30 minutes**. All other patients will be monitored for **15 minutes**.
- The unit nurse will document in the chart any adverse reactions associated with the vaccination such as:
 1. Pain at the injection site
 2. Fatigue
 3. Headache
 4. Muscle pain
 5. Joint pain
 6. Chills
 7. Nausea/vomiting
 8. Injection site swelling
 9. Fever
 10. Injection site redness

Additional information

1. A patient should wait at least 14 days before getting any other vaccine, including a flu or shingles vaccine, if you get your COVID-19 vaccine first. And if the patient has recently received another vaccine, the patient must wait at least 14 days since other vaccine administration before getting the COVID-19 vaccine.
2. The second dose of the vaccine ideally should be given 28 days after the initial dose. However, there is no maximal interval between vaccine doses.
3. Do NOT combine residual vaccine from multiple vials to obtain a dose.
4. The vaccine cannot be used great than 6 hours after opening of the vial.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.7:	COVID-19 Vaccine
Governing Body Approval:	February 19, 2021
REVISIONS:	

PURPOSE

These are the operating policies and procedures that shall be used by all personnel at the Whiting Forensic Hospital (WFH) to prepare and administer the COVID vaccines to current patients.

The purpose of these policies and procedures are to establish general operating standards for use when conducting vaccination operations by WFH staff. It will also establish general guidelines pertaining to regulatory requirements of operations while providing care within the scope of these procedures.

The mission of the COVID vaccination program at WFH is to quickly, efficiently, and safely administer the COVID vaccines to all patients who consent to receive COVID vaccines as vaccine supply allows. Since SARS-CoV-2 spreads very easily from person to person, the risk of an outbreak in the inpatient facility is high, and thus all possible resources should be exhausted to attain a high vaccination rate.

1 SCOPE

1.1 Applicability.

- 1.1.1 These procedures will apply to all staff who are hired, assigned, or contracted to perform duties as part of the efforts to provide WFH patients with COVID-19 vaccinations.
- 1.1.2 These procedures will apply to any vaccine operations regardless of location.

2 DEFINITIONS

- 2.1 WFH: Whiting Forensic Hospital.
- 2.2 CVX: vaccine code that indicates the product used.
- 2.3 DMHAS: Department of Mental Health and Addiction Services.
- 2.4 EUA: Emergency Use Authorization.
- 2.5 Immunization information system (IIS). For Connecticut, see <https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ>
- 2.6 MVX: vaccine code that indicates the manufacturer.
- 2.7 PPE: Personal Protective Equipment.
- 2.8 VRC: Vaccination Record Card.

3 POLICIES

3.1 Eligibility for Vaccination.

- 3.1.1 Current patients of WFH are eligible to receive the vaccine after they are properly screened and provided proper vaccination consent.
- 3.1.2 If patients answer YES to any of the following conditions, they must be screened by a medical provider prior to vaccine administration.
 - 3.1.2.1 Have you ever had a previous COVID vaccine?
 - 3.1.2.1.1 If patient answers YES, and all of the following conditions are met, you may proceed with the vaccination. Otherwise, they should be screened by a ACS physician/APRN:
 - 3.1.2.1.1.1 The current dose being delivered is the same type (e.g. Moderna or Pfizer-BioNTech) as they received at the 1st administration.
 - 3.1.2.1.1.2 Prior vaccination was at least 21 days ago for the Pfizer-BioNTech vaccine; or at least 28 days ago for the Moderna vaccine.

- 3.1.2.1.1.3 There were no signs or symptoms of an allergic reaction at any time after receiving the 1st dose of vaccine.
- 3.1.2.2 Have you had any vaccines within the previous 14 days?
 - 3.1.2.2.1 If YES, DO NOT administer. May administer after 14 days elapsed from last vaccination.
- 3.1.2.3 Do you currently have symptoms of COVID-19?
- 3.1.2.4 Have you ever had an allergic (anaphylactic) reaction to any vaccine (e.g. difficulty breathing, swelling of your face and throat, fast heartbeat, bad rash all over your body, dizziness and weakness)?
 - 3.1.2.4.1 Screen shall be completed by ACS physician/APRN.
- 3.1.2.5 Are you pregnant, breastfeeding or planning to become pregnant?
 - 3.1.2.5.1 Screen by medical provider only if requested by patient.
- 3.1.2.6 Are you immunocompromised or have HIV, cancer, CKD, lung or heart disease, sickle cell, severe obesity, smoke or have diabetes?
 - 3.1.2.6.1 Screen shall be completed by ACS physician/APRN.
- 3.1.2.7 Are you receiving any immunosuppressive therapy?
 - 3.1.2.7.1 Screen shall be completed by ACS physician/APRN.
- 3.1.2.8 Have you received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment?
 - 3.1.2.8.1 Screen shall be completed by ACS physician/APRN.

3.2 Contraindications and Precautions for Vaccination.

- 3.2.1 Vaccination should be deferred for 90 days if patients have received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment.
- 3.2.2 The COVID vaccine should be given alone with a 14-day minimum interval before or after any other vaccine.
- 3.2.3 Pregnancy is NOT an absolute contraindication for vaccination.
 - 3.2.3.1 Patient may request to discuss risks and benefits with their ACS physician or APRN.
 - 3.2.3.2 Pregnant women who experience fevers following vaccinations should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes.
 - 3.2.3.3 Routine testing for pregnancy prior to vaccination is not recommended.
- 3.2.4 Allergies.
 - 3.2.4.1 A previous anaphylactic reaction *unrelated to components of an mRNA COVID-19 vaccine* is NOT a contraindication for vaccination (e.g. allergy to oral medications, foods, pets, insects, venom, latex, etc.).
 - 3.2.4.2 History of the following are contraindications for receiving either mRNA vaccine (consider a referral to allergist-immunologist):

- 3.2.4.2.1 Severe allergic reaction (e.g. anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components.
- 3.2.4.2.2 Immediate allergic reaction (e.g. any hypersensitivity-related signs or symptoms such as urticaria, angioedema, wheezing, stridor that occur within 4 hours following vaccination) of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol)
- 3.2.4.3 History of any immediate allergic reaction to vaccines or injectable therapies (*except those related mRNA COVID-19 vaccines*).
 - 3.2.4.3.1 Complete a risk assessment by ACS physician/APRN.
 - 3.2.4.3.2 Consider deferral of vaccination or referral to allergist-immunologist.
 - 3.2.4.3.3 If vaccinated, complete a 30-minute observation period.

3.3 Vaccination Policies.

- 3.3.1 All who receive the vaccine must have a signed consent by either the patient or the patient's conservator prior to receiving the vaccination.
- 3.3.2 The first vaccination shall be given WITHOUT consideration of the likelihood of availability of the second dose in the future. *The risks in delaying the vaccination outweigh the risks in not following the exact 2-dose time guidelines.*
- 3.3.3 All who receive the vaccine must be screened by staff prior to administration to determine eligibility for the vaccine.
- 3.3.4 ACS physician/APRNs shall have final authorization for any exceptions to patients who screen ineligible.
- 3.3.5 All who receive the vaccine must read and sign the WFH COVID-19 VACCINATION CONSENT FORM.
 - 3.3.5.1 Conservators: for those patients who have a conservator of person, the consent form must be signed by the conservator.
- 3.3.6 As the Pfizer-BioNTech and Moderna vaccines have been granted Emergency Use Authorization (EUA), there is no vaccine information statement (VIS). Therefore, every recipient (and their conservator of person, as applicable) of the vaccine must be given the EUA for the appropriate vaccine (see appendix).
 - 3.3.6.1 Staff should provide increased patient education for those who decline to receive the vaccination, and continue to offer the vaccination throughout their hospitalization.

3.4 Eligibility for Vaccine Administration.

- 3.4.1 Any employed RN, LPN, or Pharmacist.
- 3.4.2 Any member of the WFH Medical Staff.

3.5 Supply Plan.

- 3.5.1 Adequate PPE for staff should be stocked. Staff will be required to wear gloves, N95 masks, and face shields while administering vaccinations.
- 3.5.2 An emergency cart will be available that includes PPE for CPR/Codes to include eye protection, face masks, gloves, gowns, and at least one CPR bag valve mask.
 - 3.5.2.1 This cart may be kept on individual units, as long as it is at their person during vaccination operations.
- 3.5.3 At least 3 doses of epinephrine (e.g. epinephrine autoinjectors or prefilled syringes) should be immediately available during vaccination operations.
 - 3.5.3.1 If there are no longer at least 3 doses immediately available, vaccination operations should be stopped until supply is replenished.
- 3.5.4 Have immediately available the following: H1 antihistamine (diphenhydramine 25 or 50 mg oral tablets), blood pressure cuff, and stethoscope.

3.6 Vaccination Reporting.

- 3.6.1 Report adverse events to the Vaccine Adverse Event Reporting System (VAERS).
- 3.6.2 Regular Updates.
 - 3.6.2.1 Regular updates with the information below shall be sent to the Chief Medical Officer via secure communication.
 - 3.6.2.2 Hospital vaccination status updates indicating the following:
 - 3.6.2.2.1 Patient census.
 - 3.6.2.2.2 Assigned vaccination staff census
 - 3.6.2.2.3 Number of vaccinations available.
 - 3.6.2.2.4 Number of vaccinations used.
 - 3.6.2.2.5 Number of consent forms obtained and outstanding.
 - 3.6.2.2.6 Number of vaccinations administered.
 - 3.6.2.2.7 Number of patients who declined the vaccination.
- 3.6.3 Communication of Vaccination Operations to CDC.
 - 3.6.3.1 After a vaccination is complete, assure that the following information is gathered (items with * are required):
 - 3.6.3.1.1 Administered at location/facility name/ID
 - 3.6.3.1.2 Administered at location type
 - 3.6.3.1.3 Administration address (including Company)*
 - 3.6.3.1.4 Recipient name and ID*
 - 3.6.3.1.5 Recipient date of birth*
 - 3.6.3.1.6 Recipient sex*
 - 3.6.3.1.7 Recipient race
 - 3.6.3.1.8 Recipient ethnicity

- 3.6.3.1.9 Recipient address*
- 3.6.3.1.10 Administration date*
- 3.6.3.1.11 CVX (product)*
- 3.6.3.1.12 NDC (national drug code)
- 3.6.3.1.13 Dose number*
- 3.6.3.1.14 Lot number (Unit of Use [UoU] or Unit of Sale [UoS])*
- 3.6.3.1.15 MVX (manufacturer)*
- 3.6.3.1.16 Sending organization (name of the Agency submitting the report)
- 3.6.3.1.17 Vaccine administering provider's name and suffix*
- 3.6.3.1.18 Administering provider's address, if different than the administration address*
- 3.6.3.1.19 Vaccine administration site (on the body)*
- 3.6.3.1.20 Vaccine expiration date*
- 3.6.3.1.21 Vaccine route of administration*
- 3.6.3.1.22 Vaccine series
- 3.6.3.2 This information must be reported via the Immunization Information System (IIS). If this is not available electronically, assure that the paper reporting form is available and completed (see appendix).
- 3.6.4 Public Communication.
 - 3.6.4.1 No public communication of the WFH vaccination status shall be communicated without the direct consent of the WFH CEO.
 - 3.6.4.2 The vaccination status and patient census should only be communicated as necessary for the completion of assigned duties, as per the HIPAA minimum-necessary disclosure rules.

4 SPECIFIC PROCEDURES

4.1 Vaccination Consent and Screening.

- 4.1.1 Each patient (or conservator) shall have read and signed the WFH-116 Informed Consent for COVID 19 Vaccination prior to vaccination, with the assistance of the ambulatory care service.
- 4.1.2 Consents and screenings should be completed prior to day of scheduled vaccination operations, and should be available on each individual unit.
 - 4.1.2.1 Nursing staff are responsible for completion of patient consents PRIOR to the scheduled day of vaccinations.
 - 4.1.2.2 Unit Director shall be responsible for assuring that the consents are completed prior to vaccination.

4.1.2.3 Social Work Staff are responsible for completion of conservator consents PRIOR to the scheduled day of vaccinations.

4.2 Vaccine Administration Guidelines.

4.2.1 After patient is properly screened for precautions and contraindications, the following shall be completed for each vaccination.

4.2.2 Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.

4.2.3 Choose the correct needle gauge, needle length, and injection site for persons:

4.2.3.1 Moderna Vaccine.

4.2.3.1.1 18 years of age: 1-inch needle is recommended.

4.2.3.1.2 19 years of age and older:

Sex and Weight	Needle Gauge	Needle Length	Inject Site (may use anterolateral thigh alternatively)
Female or male < 130 lbs.	22-25	5/8" – 1"	Deltoid muscle
Female or male 130-152 lbs.	22-25	1"	Deltoid Muscle
Female 152-200 lbs.	22-25	1" – 1 ½"	Deltoid Muscle
Male 153-260 lbs.	22-25	1" – 1 ½"	Deltoid Muscle
Female 200+ lbs.	22-25	1 ½"	Deltoid Muscle
Male 260+ lbs.	22-25	1 ½"	Deltoid Muscle

4.2.3.2 Pfizer-BioNTech Vaccine.

4.2.3.2.1 16—18 years of age: 1-inch needle is recommended.

4.2.3.2.2 19 years of age and older:

Sex and Weight	Needle Gauge	Needle Length	Inject Site (may use anterolateral thigh alternatively)
Female or male < 130 lbs.	22-25	5/8" – 1"	Deltoid muscle
Female or male 130-152 lbs.	22-25	1"	Deltoid Muscle
Female 152-200 lbs.	22-25	1" – 1 ½"	Deltoid Muscle
Male 153-260 lbs.	22-25	1"-1 ½"	Deltoid Muscle
Female 200+ lbs.	22-25	1 ½"	Deltoid Muscle
Male 260+ lbs.	22-25	1 ½"	Deltoid Muscle

4.2.4 Vaccine Preparation.

4.2.4.1 Moderna.

4.2.4.1.1 Follow the manufacturer's guidance for storing/handling punctured vaccine vials.

4.2.4.2 Pfizer-BioNTech.

4.2.4.2.1 Mix Pfizer-BioNTech COVID-19 Vaccine with 0.9% sodium chloride (normal saline, preservative-free) diluent according to the manufacturer's instructions. Follow manufacturer's guidance for storing/handling mixed vaccine.

4.2.5 The following shall be ordered for each patient (as appropriate based on which vaccine they will receive).

4.2.5.1 Moderna Vaccine.

4.2.5.1.1 Administer 0.5 mL Moderna COVID-19 Vaccine by intramuscular (IM) injection.

4.2.5.2 Pfizer-BioNTech Vaccine.

4.2.5.2.1 Administer 0.3 mL Pfizer-BioNTech COVID-19 Vaccine by intramuscular (IM) injection.

4.2.6 Allergies.

4.2.6.1 Providers should know how to recognize allergic reactions, including anaphylaxis.

4.2.6.2 Medical management of mild vaccine reactions in adults.

- 4.2.6.2.1 Localized (e.g. soreness, redness, itching, or swelling at the injection sight).
 - 4.2.6.2.1.1 Apply a cold compress to the site. Consider giving an analgesic or antipruritic medication.
- 4.2.6.2.2 Presyncope and Syncope.
 - 4.2.6.2.2.1 Patient feels light-headed, dizzy, weak, nauseated, or has visual disturbance.
 - 4.2.6.2.2.1.1 Have patient lie flat. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery.
 - 4.2.6.2.2.2 Fall without loss of consciousness.
 - 4.2.6.2.2.2.1 Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
 - 4.2.6.2.2.3 Loss of consciousness.
 - 4.2.6.2.2.3.1 Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
- 4.2.6.2.3 After any mild reaction, patient should be monitored for further progression or generalization of reaction an additional 30 minutes.
- 4.2.6.2.4 Patient should be counseled to seek medical assistance for any further symptoms.
- 4.2.6.2.5 Patient should have a follow up appointment scheduled with medical provider in 1-3 days.
- 4.2.6.3 Emergency medical management of **anaphylactic reactions** in adults.
 - 4.2.6.3.1 If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
 - 4.2.6.3.2 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.

- 4.2.6.3.3 **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
- 4.2.6.3.4 First-line treatment: Epinephrine is the first-line treatment for anaphylaxis, and there is no known equivalent substitute. Use epinephrine in a 1.0 mg/mL aqueous solution (1:1000 dilution). Administer a 0.3 mg dose IM using a premeasured or prefilled syringe or an autoinjector in the mid-outer thigh. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
- 4.2.6.3.5 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
- 4.2.6.3.6 **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
- 4.2.6.3.6.1 First-line treatment: Epinephrine is the first-line treatment for anaphylaxis, and there is no known equivalent substitute. Use epinephrine in a 1.0 mg/mL aqueous solution (1:1000 dilution). Administer a 0.3 mg dose IM using a premeasured or prefilled syringe or an autoinjector in the mid-outer thigh. Epinephrine dose may be repeated 2 additional times every 5-15 minutes (or sooner as needed) while waiting for EMS to arrive.
- 4.2.6.3.6.2 **Optional treatment: H1 antihistamines** relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension or shock. Consider giving diphenhydramine for relief of itching and hives. Administer orally 1-2 mg/kg every 4-6 hours, up to a maximum single dose of 100 mg.

- 4.2.6.3.7 Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
- 4.2.6.3.8 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- 4.2.6.3.9 All patients requiring hospital or other urgent care that cannot be provided shall be transported by medical ambulance.
- 4.2.6.3.10 EMS personnel should be advised of their COVID status upon arrival.
- 4.2.6.3.11 Patients shall wear a properly modified procedure mask during all transport procedures.
- 4.2.6.3.12 Notify the patient's primary care physician.
- 4.2.6.3.13 Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov.

4.3 Patient Screening Procedures.

- 4.3.1 Patient shall be screened with the WFH Vaccine Administration Screening questions found on the consent form (see appendix).

4.4 Post-vaccination Procedures

- 4.4.1 Patients who have indicated they have had an anaphylactic reaction in the past:
 - 4.4.1.1 After screening by a ACS physician/APRN, if the patient is subsequently given the vaccination, they shall be monitored within eyesight for 30 minutes.
- 4.4.2 All other patients shall be monitored within eyesight for 15 minutes.
- 4.4.3 Counsel patients that they must continue to wear masks after being vaccinated.
- 4.4.4 Provide patient with the post-vaccination handout (in addition to the EUA) in Appendix 1 or 2 as appropriate.
- 4.4.5 Follow-up Vaccinations.
 - 4.4.5.1 The Moderna vaccination requires a follow-up vaccination within 28 days of the 1st vaccination (if this is not feasible, they may receive 2nd dose ideally up to 42 days after 1st dose).

- 4.4.5.2 The Pfizer-BioNTech vaccination requires a follow-up vaccination within 21 days of the 1st vaccination (if this is not feasible, they may receive 2nd dose ideally up to 42 days after 1st dose).
- 4.4.5.3 If the patient is past the above deadlines, the second vaccination should be given without delay, regardless of the timeframe elapsed. They should be counseled not to restart the vaccination sequence at this time.

4.5 Clinical Documentation Guidance.

- 4.5.1 Document vaccine administration in medical record within 24 hours of administration.
 - 4.5.1.1 Medical Record: date administered, manufacturer, lot number, vaccination site and route, name and title of person administering the vaccine, entered on the WFH-115 COVID-19 Vaccination Screening Administration Form and placed into the medical record.
 - 4.5.1.2 Vaccination Record Card (VRC): date, product name/manufacturer, lot number, and name/location of the administering clinic or provider.
 - 4.5.1.2.1 This should be kept in the patient's medical record, and given to the vaccine recipient at discharge.
- 4.5.2 Report administration data to the Immunization Information System no later than 72 hours after administration.

4.6 Monitoring and Reinforcement of Procedures

- 4.6.1 It is the duty of all staff to reinforce the wearing of PPE while in vaccine operations.
- 4.6.2 Compliance personnel should conduct random audits of vaccine operations and provide assistance and training as necessary.

5 FORMS TO BE USED

- 5.1 WFH-116 Informed Consent for COVID 19 Vaccination.
- 5.2 WFH-115 COVID-19 Vaccination Screening Administration Form.
- 5.3 CDC Vaccination Record Card.

6 INTERNAL AND EXTERNAL REFERENCES

6.1 Internal References

- 6.1.1 DMHAS HIPAA Privacy Policies Implementation Manual (June 27, 2003).
- 6.1.2 DMHAS COVID-19 Protocol for Quarantine and Isolation (September 2, 2020).

6.2 External References

- 6.2.1 CDC COVID-19 Vaccination Program Provider Requirements and Support. Available at <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>.
- 6.2.2 CDC Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination. Available at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fpfizer%2Fanaphylaxis-management.html.
- 6.2.3 CDC Screening for SARS-CoV-2 Infection Within a Psychiatric Hospital and Considerations for Limiting Transmission Within Residential Psychiatric Facilities — Wyoming, 2020.
- 6.2.4 CDC Moderna COVID-19 Vaccine Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older. Available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf>. (Accessed 1/25/2021).
- 6.2.5 CDC Supplement C: Preparedness and Response In Healthcare Facilities--Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS).
- 6.2.6 CDC COVID-19 Vaccine FAQs for Healthcare Providers. Available at <https://www.cdc.gov/vaccines/covid-19/hcp/faq.html>. (Accessed 1/25/2021).
- 6.2.7 DC COVID-19 Vaccination Program Provider Requirements and Support. Available at <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>
- 6.2.8 CDC Post-vaccination COVID-19 Handout. Available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/321466-A_FS_What_Expect_COVID-19_Vax_Final_12.13.20.pdf. Accessed 1/25/2021).
- 6.2.9 CDC Supplement I: Infection Control in Healthcare, Home, and Community Settings (version 2, January 8, 2004).
- 6.2.10 FDA Moderna EUA for Providers. Available at <http://www.fda.gov/media/144637/download>.
- 6.2.11 Medical management of vaccine reactions in adults in a community setting. Available at <https://www.immunize.org/catg.d/p3082.pdf>. (Accessed 1/25/2021).

7 APPENDICES

7.1 COVID-19 Post-vaccination Patient Handout (English).

What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects **may feel like flu** and **may even affect your ability** to do daily activities, but they should go away in a few days.

Common side effects

On the arm where you got the shot: <ul style="list-style-type: none">• Pain• Swelling	Throughout the rest of your body: <ul style="list-style-type: none">• Fever• Chills• Tiredness• Headache
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Helpful tips

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.


HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is ____°F or ____°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: _____

Healthcare provider phone number: _____


Medication (if needed):
Take _____ every _____ hours as needed.
(type and dose or amount)



Ask your healthcare provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose.

Learn more about v-safe.
www.cdc.gov/vsafe



cdc.gov/coronavirus

7.2 COVID-19 Post-vaccination Patient Handout (Spanish).

Qué esperar después de la aplicación de la vacuna contra el COVID-19

Versión accesible: <https://espanol.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

La vacunación contra el COVID-19 lo protegerá para que no contraiga la enfermedad. Es posible que tenga algunos efectos secundarios, los cuales son signos normales de que su cuerpo está desarrollando protección. Puede que estos efectos secundarios **se sientan como si fuera influenza e incluso podrían afectar su capacidad de** realizar actividades diarias, pero deberían desaparecer en unos cuantos días.

Efectos secundarios frecuentes

En el brazo donde le aplicaron la inyección: <ul style="list-style-type: none">• Dolor• Hinchazón	En todo del resto del cuerpo: <ul style="list-style-type: none">• Fiebre• Escalofríos• Cansancio• Dolor de cabeza
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Consejos útiles

Si siente dolor o molestias, pregunte a su médico si debe tomar un medicamento de venta sin receta, como ibuprofeno o acetaminofeno.

Para reducir el dolor o molestia en el lugar donde se le aplicó la inyección:

- Ponga un paño limpio, húmedo y frío sobre el área.
- Use o ejercite el brazo.

Para reducir la molestia causada por la fiebre:

- Tome mucho líquido.
- No se abrigue mucho.

Cuándo llamar al médico

En la mayoría de los casos, las molestias causadas por fiebre o dolor son normales. Consulte a su médico o proveedor de atención médica:

- Si el enrojecimiento o la sensibilidad en el lugar donde se le aplicó la inyección aumentan después de 24 horas
- Si le preocupan los efectos secundarios o estos no parecen desaparecer después de unos pocos días

Recuerde

- Puede que los efectos secundarios se sientan como si fuera influenza e incluso afecten su capacidad de realizar actividades diarias, pero deberían desaparecer en unos pocos días.
- Para que la mayoría de las vacunas contra el COVID-19 funcionen, usted deberá ponerse 2 inyecciones. Póngase la segunda aunque tenga efectos secundarios después de aplicarse la primera, a menos que el proveedor de vacunas o su médico le digan que no se ponga la segunda inyección.
- A su cuerpo le lleva tiempo desarrollar protección después cualquier vacunación. Las vacunas contra el COVID-19 que requieran 2 inyecciones podrían no protegerlo hasta una o dos semanas después de la segunda inyección.
- Es importante que todos sigan usando todas las herramientas disponibles para ayudar a detener esta pandemia, mientras aprendemos más sobre cómo las vacunas contra el COVID-19 funcionan en condiciones reales. Cúbrase la nariz y la boca con una mascarilla cuando esté cerca de otras personas, manténgase al menos a 6 pies o 2 metros de distancia de los demás, evite las multitudes y lávese las manos con frecuencia.


PROVEEDORES DE ATENCIÓN MÉDICA, COMPLETEN LA SIGUIENTE INFORMACIÓN:

Si su temperatura es de ____°F o de ____°C, o más, o si tiene preguntas, llame a su proveedor de atención médica.

Infórmele a su proveedor de atención médica sobre lo siguiente: _____

Número de teléfono del proveedor de atención médica: _____


Medicamento (si es necesario):
Tome _____ cada _____ horas según sea necesario.
(tipo y dosis, o cantidad)



Pregúntele a su proveedor de atención médica sobre cómo empezar a usar v-safe.

Use su teléfono inteligente (smartphone) para decirles a los CDC si presenta algún efecto secundario después de vacunarse contra el COVID-19. También recibirá recordatorios si necesita una segunda dosis.

Infórmese más sobre v-safe.
www.cdc.gov/vsafe



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**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 3:	Medication Management
PROCEDURE 3.8:	Medication Renewals
Pharmacy, Nutrition & Therapeutics Approval:	June 15, 2022
New:	June 15, 2022

PURPOSE:

To ensure that medication renewals within the hospital occur in a manner that is timely, efficient, and minimizes to the greatest extent possible the risk of medication administration errors.

SCOPE: All clinical staff

POLICY:

All hospital orders are effective for a maximum of thirty days with the exception of vaccinations and long acting injectables. At the end of thirty days, orders must be reviewed and if they are to be continued, they must be renewed by a Physician/APRN at that time. In order to facilitate this process, Physician/APRN , nursing, and pharmacy must work collaboratively to assure accurate, timely, and efficient implementation of these order renewals

PROCEDURE:

Long-Term Treatment Units (W4, W6, D1S, D1N, D2N, D3S, D3N)

Unit nurses will divide all patients on the unit into four distinct groups and each week within the month a different group will be scheduled for renewals. This schedule shall be faxed to pharmacy. In order to evenly distribute the volume of renewals for pharmacy to complete in a timely and accurate manner, units will be assigned a specific day of the week to conduct medication renewals.

Admission Units (W1, W2, W3 and D2S)

Order renewals will occur on a 30-day cycle based on the date of patient admission. On a weekly basis, unit nurses on third shift will be responsible for determining which orders require renewal in the up-coming week and generate a list for Physician/APRN.

All Units

After completing the steps above, Physician/APRN will type and save order renewals on a specified folder on the WFH electronic shared drive and will update orders as appropriate based on the activities of the prior four weeks. Physician/APRN will complete the order renewals at least two days prior to their expiration date. Physician/APRN are responsible for ensure renewal orders are accurate and up to date.

Unit nurses and pharmacists will have access (read-only) to the same shared drive folder to facilitate the renewal process, but as with all other orders cannot be processed as valid orders until appropriately printed, signed, and dated by the ordering Physician/APRN. Third shift nursing will

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

be responsible for reviewing the updated order set focusing on accuracy, additions, omissions, and deletions.

Once printed, signed, and dated, the unit nurse will review all orders, focusing on accuracy, additions, omissions, and deletions. Any questions will be clarified with the ordering physicians/APRN. Nurses will then fax the renewal orders to the pharmacy as early in their shift as possible to leave sufficient time for collaboration with the pharmacy. The pharmacy will review the medication orders, focusing on accuracy, additions, omissions, and deletions. Any questions will be clarified with the Physician/APRN on the same business day prior to 4:30pm. Once clarified, the orders will be approved and the Pyxis filled/re-filled as appropriate. Once reviewed and approved by the pharmacist, renewal orders will be entered into the medication administration record (MAR) by the unit nurse.