1. Purpose: This operating procedure establishes rules and guidelines for the safe distribution of medications using a unit dose or modified unit dose system.

2. Scope: This procedure applies to Pharmacy Services, Nursing Services, Medical Services, Psychiatric Services and Dental Services, and all resident care units at Florida State Hospital.

3. References:
   a. Florida Statutes, Chapter 465, Florida Pharmacy Act
   b. Florida Statutes, Chapter 464, Nurse Practice Act
   c. Florida Statutes, Chapter 893, Drug Abuse Prevention, and Control
   d. Drug Enforcement Administration (D.E.A.), Controlled Substances
   e. Florida Board of Nursing Rules 64B9
   f. Florida Statutes, Chapter 65E-5, Florida Administrative Code
   g. Florida Statutes, Chapter 64B16-28, Florida Administrative Code
   h. Department of Children and Families Operating Procedure 155-1, Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities
   i. Department of Children and Families Operating Procedure 155-39, Guidelines for Progress Notes Documentation in the Medical Record and State Mental Health Treatment Facilities
   j. Florida State Hospital Operating Procedure 151-15, Physician Orders
   k. Florida State Hospital Operating Procedure 150-34, Psychotherapeutic Medication Prescription Standards
   l. Florida State Hospital Operating Procedure 151-11, Medication Variance Reporting and System Management
   m. Florida State Hospital Operating Procedure 151-23, Express and Informed Consent to Receive Psychotropic Medication and Procedures for Implementing Emergency Treatment Orders
   n. Florida State Hospital Operating Procedure 151-24, Adverse Drug Reactions (ADRs) and Allergies to Medications

This Operating Procedure supersedes: Operating Procedure 150-35 dated February 18, 2016

OFFICE OF PRIMARY RESPONSIBILITY: Pharmacy
DISTRIBUTION: See Training Requirements Matrix
Definitions:

a. Unit Dose System: A system of ordering, dispensing, administering, and maintaining pre-measured and pre-packaged medications. Medications that are individually labeled with the resident’s name such as ophthalmic/otic/nasal/topical/rectal/vaginal ointments and creams are also considered unit dose pre-packaged.

b. Direct Nursing Supervision: The physical presence of a registered professional nurse within the resident care unit who assumes legal responsibility for the non-licensed personnel while performing nursing functions and who provides direction and consultation for these actions.

c. Resident Care Unit: A building in which residents reside and which has a prescribed organizational structure. For purpose of this procedure, a resident care unit shall be identical to the Florida State Hospital Unit Administration Structure.

d. Leave Of Absence: An authorized leave for residents with a specified time frame approved by a physician, Physician Assistant, psychiatrist, or Advanced Registered Nurse Practitioner.

e. Physician/Advanced Registered Nurse Practitioner/Physician Assistant: A physician, Advanced Registered Nurse Practitioner, dentist or Physician Assistant with required credentials to prescribe legend drugs, and employed by the Florida State Hospital.

f. Transfer: The movement of residents from one resident care unit to another resident care unit within the hospital.

g. 24/48 Hour Observation: A temporary transfer of a resident to the medical dorm in Medical Services Unit for observation.

Policy:

All medications shall be dispensed and administered in a unit dose system developed and maintained by the Department of Pharmacy under the direction of a registered pharmacist, and in consultation with the Director of Nursing and the Hospital Clinical Director.

Following the required orientation, all nurses and physicians/Advanced Registered Nurse Practitioners/Physician Assistants may administer medications in accordance with the Florida laws, regulations, and policies of Florida State Hospital based on the written order of those licensed to...
prescribe according to the Florida Statutes. All orders written by consultants shall require the co-signature of the appropriate physician with Florida State Hospital privileges, before dispensing and or administration.

b. Unit Dose Medication Administration Guidelines shall describe the correct procedure endorsed by Florida State Hospital for administration of medication. These guidelines shall be taught in new employee orientation and as needed. The new employee shall receive a copy of the guidelines and a copy shall be kept in the unit dose cart for easy reference.

c. A resident can only self-administer his/her medication in accordance with Florida State Hospital Operating Procedure 155-11, Medication Education and Medication Management Program under the direct supervision of a nurse eligible to administer medication according to a physician/Advanced Registered Nurse Practitioner/Physician Assistant’s order for self-administration. Documentation shall be completed by the nurse providing supervision.

d. Each unit’s non-scheduled PO, IM, and IV psychotropics (STATS, NOW, ASAP, refusals) shall be reported daily to the Hospital Clinical Director on Form 133, Daily Report of Emergency Treatment Orders/P.O./I.M./I.V. Psychotropic Medications and Refusals.

6. Procedures:

a. Section I, Dispensing: details distribution of prescribed medications

   (1) Unit Dose System: The hospital Unit Dose Distribution System is a pharmacy-coordinated method of dispensing and controlling medications for security and resident safety.

      (a) Dispensing: All resident medication shall be dispensed in a unit of use, ready to use form to the extent possible.

      (b) Unit Dose Carts: Resident medication shall be transported, stored in and administered from medication carts. The exception to this procedure will be limited to refrigerated medications, certain topicals for treatment and a specified amount of bulk supplies.

1. Unit Dose Cart Maintenance: Unit Dose Carts shall be supplied by the Department of Pharmacy. The design shall be the responsibility of the Director of Pharmacy in collaboration with Nursing Services.

   a. All repair or replacement of carts shall be the responsibility of the Department of Pharmacy. Repairs for damages due to negligence shall be charged to the unit. Daily maintenance (cleaning and upkeep) shall be the responsibility of the nurses. Environmental Service Providers will provide deep cleaning when requested by the nurse.

   b. The Department of Pharmacy shall maintain and replace the tray inserts whenever necessary on designated refill days. If replacement is needed at other times, the unit is to obtain a tray from pharmacy, place it in the cart, transfer medication to the new tray, and return the old tray to the Department of Pharmacy.
c. The Department of Pharmacy shall replace or repair any Unit Dose Cart requiring extensive cleaning and repairs.

2. **Unit Dose Cart Medication/Resident Set Up:** All Unit Dose Carts shall be organized such that there are seven (7) divisions in each drawer or as it is appropriate for a modified unit dose dispensing procedure in use at the time.

a. Each resident shall have one (1) or more seven-day section(s) labeled with his/her name.

b. Loose alphabetical arrangement of residents is recommended, instead of randomly arranging residents, as this reduces medication errors.

3. **Unit Dose Cart Security:** Unit Dose Cart Keys and Narcotic Keys shall be documented on the Key Shift Responsibility, Form 224 and signed by both off-going and on-coming personnel who are relinquishing and accepting responsibility for cart security and medication administration.

a. The keys shall be in the possession of licensed nurse at all times.

b. There shall be a direct transfer of keys from the off-going licensed nurse to the on-coming licensed nurse.

c. A back up or emergency key shall be obtained from a pre-assigned designated secure place.

d. When Unit Dose Cart Keys and Narcotic Keys are lost or misplaced, the nurse manager or designee shall be notified immediately. The staff receiving the duplicate set of keys must sign the Emergency Key Responsibility Sheet, Form 642.

e. Unit Dose Cart and Narcotic locks will be changed if keys are not found within 24 hours. The Director of Pharmacy or designee shall initiate and authorize the lock change and the key replacements. Cost of replacement of locks and keys shall be charged to the unit.

4. **Unit Dose Cart Refill:** Department of Pharmacy shall refill Unit Dose Carts on a designated schedule for each unit, Monday through Friday.

a. Department of Pharmacy shall transport Unit Dose Carts to and from units at scheduled times for the purpose of refilling them.

b. Units are requested to have Unit Dose Carts and Medication Administration Record, Form 247, ready for pickup by the Department of Pharmacy at designated times in order to allow adequate time for refilling and to
prevent delays in administration of the next scheduled doses of medications.

c. The units are responsible for ensuring that the carts are available in a designated area at the appropriate time for pickup.

d. STAT Medications (green box) shall be handed to a nurse in the unit when carts are picked up. Medications shall be signed out on STAT Medication Supply Usage Report, Form 120, documented in progress notes, and the PRN/STAT section of the Medication Administration Record, Form 247, as soon as carts are returned.

e. After the Unit Dose Carts are replenished and back in the unit, a nurse shall check the cart and note any apparent discrepancies or missing medications on a Nursing/Pharmacy Note (Please refer to the “Instructions for Completing Nursing/Pharmacy Note”).

(c) Prescription Orders: All medication orders shall be written on a Physician's Order sheet, Form 150.

1. Orders are to be renewed monthly on the computer generated Physician's Reorder. An exception is the Medical Unit/Dorm orders. These orders will be renewed as needed.

2. A direct copy of all medication orders must be scanned/faxed to the Pharmacy for processing and dispensing of medication.

3. All Physician Orders shall have the resident's barcode, resident's name, hospital number, and unit/dorm printed legibly in the space provided on the Physician's Orders form with the allergies noted in the appropriate section.

4. Changes of medication regimen, including increases or decreases in dosages, require that the medications changed be returned to the Pharmacy when the new orders are picked up (exception-scheduled IV and V controlled substances).

5. It is mandatory that discontinued medication shall be removed from the medication cart immediately and returned to the Pharmacy within 24 hours or as soon as possible from the time the order is written. Do not administer medications that have been discontinued while waiting on the arrival of a new medication.

6. Words such as “increase, decrease, change, add,” etc. shall be used in writing medication orders to improve the clarity of the order and help to ensure accuracy. The physician/Advanced Registered Nurse Practitioner/Physician Assistant shall discontinue the previous order when an order is given for a different form or strength.
7. All medications administered at Florida State Hospital shall be dispensed by the Department of Pharmacy. Prescriptions written by consultant physicians shall be co-signed by the attending physician before sending to the Pharmacy for dispensing. Medication Exception Request requirements if applicable, shall also be completed by the consultant physician at the time the Physician’s Orders are written.

8. All orders not specifying formulation (injection, liquid, oral, etc.) shall be automatically dispensed as an oral solid form.

9. All Physician Order forms must be reviewed and signed off as soon as possible after orders have been written. Appropriate personnel shall be notified and/or appropriate action taken to ensure that Physician’s Orders are followed. Unusual circumstances and/or problems shall be documented in the progress notes.

10. When review of any Physician’s Order is completed, or group of orders is completed, the nurse shall:
   a. Encase the order or group of orders and the physician/Advanced Registered Nurse Practitioner/Physician Assistant’s signature with a left margin vertical line and a horizontal line below the orders taking care not to deface any part of the orders or the signature.
   b. Indicate the date and sidereal time the order is noted.
   c. Sign name and title below the line encasing the orders directly below the Physician/Advanced Registered Nurse Practitioner/Physician Assistant’s signature.
   d. The Physician’s Order Form shall be scanned/faxed to the pharmacy as soon as possible. The nurse will make a notation or stamp on the Physician’s Order indicating the order has been faxed with date, time, and initials.

11. Once the unit is in receipt of the medication, the nurse shall stamp the Physician’s Order with the following confirmation stamp which contains the required information:

   CONSISTENT WITH PHYSICIAN’S ORDER
   MEDS LABEL DATE TIME
   SIGNATURE

   This stamp shall be available on each dorm. The nurse receiving the medication and label(s) from the Pharmacy shall complete the confirmation stamp.

12. Orders shall be brought/scanned/faxed to the Pharmacy at a reasonable time to allow time for processing before the next scheduled administration time.
13. It shall be the responsibility of unit personnel to transport Physician’s Orders, Medication Administration Record labels, and medications to and from the Pharmacy. Units shall have regularly scheduled runs for Pharmacy pickup. Unit personnel shall contact Pharmacy to ascertain if orders have been processed. Pharmacy shall contact units when orders are ready for pickup after 4:00 p.m. All units will have medications picked up 30 minutes before the Pharmacy closes at 6:00 p.m. Monday through Friday, and 4:30 p.m. on holidays. If medications are not picked up by 4:00 p.m. on holidays and by 5:30 p.m. on weekdays, the Pharmacy shall make a follow-up call to the Unit.

14. Physician’s Orders shall be processed in the following priorities:

a. “STAT” indicates “urgent and immediate” and means medication will be administered within thirty minutes after being prescribed. Units shall notify the Department of Pharmacy when a “STAT” order(s) that is not in the STAT Medication Supply Drawer of the medication cart has been scanned/faxed to the Pharmacy. The pharmacist shall fill these prescriptions immediately.

b. “ASAP” and “NOW” mean that medications will be administered within two (2) hours after being prescribed. Units shall be notified by Pharmacy when these orders are ready for pickup.

15. Physician’s Orders shall be filled by the next scheduled administration time. If that is not possible, a single dose of the medication may be dispensed for administration. Documentation is completed on the PRN and STAT section of the Medication Administration Record, Form 247, and shall be noted in the progress note.

(d) Hold Orders: Medications may be held for 24 hours with clearly written Physician’s Orders.

1. Rationale must be documented on the Physician’s Orders and forwarded to the Pharmacy. Additional documentation may be written in the progress notes.

2. A Medication Review must be performed by the attending physician as soon as possible and not later than the next working day.

3. Medication with ‘hold’ orders shall be automatically discontinued after 24 hours.

(e) Discontinuation of Medication: When medication orders are discontinued or changed, the nurse is responsible for making the appropriate notations on the Medication Administration Record, Form 247.
1. An “X” will be marked through the entire label, a yellow highlighter may be used to mark through the label and all lines extending across the Medication Administration Record, Form 247.

2. The remaining vacant documentation squares will be bracketed and the following notation made beside the bracket: discontinued, date, time, name, and title of the nurse.

Performing steps (1) through (2) will alert all staff administering medication to residents that the medication has been discontinued.

(f) Leave of Absence and Discharge Orders: These orders shall be scanned/faxed to the Pharmacy within a minimum of 24 hours in advance of the resident’s departure date.

1. Orders requesting medications for extended Leave of Absence must be sent to the Pharmacy Monday through Friday (but must be in the Pharmacy by 9:00 a.m. on Friday to prevent a delay in shipment of the medication the same day).

2. Leave of Absence/Discharge medications shall be stored in the Unit Dose cart. Medications not used in two weeks shall be removed on refill days by the Pharmacy.

3. Prescribed medications shall remain in the medication cart during the resident’s leave of absence. EXCEPTION: Clozaril will be sent back to the Pharmacy with Leave of Absence discharge orders.

(g) Monthly Physician’s Reorders: The Department of Pharmacy shall establish a uniform reorder schedule to ensure that the hospital and state requirements for reordering medications are met. The Department of Pharmacy shall generate medication computer reorders for each unit monthly. (An exception is the Medical Services Unit which shall reorder medications as necessary.)

1. A pharmacist shall review and sign all computer reorders prior to sending them to the units.

2. The physician/Advanced Registered Nurse Practitioner/Physician Assistant and nursing staff shall review and process all orders for their residents using the following procedures:

   a. If any drug is to be discontinued, discontinue (“D/C”) is placed in the stop date column adjacent to that drug.

   b. If any drug is to be time limited (e.g., five days), then the date of discontinue (“D/C”) is to be placed in the stop date column.

   c. The Medical/Psychiatric physician/Advanced Registered Nurse Practitioner/Physician Assistant will each review his/her orders and sign and date the Physician’s Order, Form 150.
d. The nurse shall sign off the orders and send the copy to the Pharmacy.

e. The original order shall be filed in the resident's chart.

3. New orders must be written on the Physician's Order, Form 150. The function of the computer generated Physician's Reorder is limited to approval of orders or discontinuing orders. The monthly Physician's Reorder shall not be used to order new medication.

4. If applicable, a Medication Exception Request form shall be completed, signed, dated, and returned to the Pharmacy for processing. (Please refer to Florida State Hospital Operating Procedure Psychotropic Medication Prescription Standards 150-34 and Florida State Hospital Operating Procedure 150-25, Non-Psychotropic Medication Exception Requests).

5. The unit nurse manager and the physician/Advanced Registered Nurse Practitioner/Physician Assistant will be responsible for assuring that the computer reorders are updated and returned to the Pharmacy within 5 days of receipt from the Pharmacy.

(h) PRN Orders--Stop dates and time limitations on PRN orders must be in compliance with hospital procedures (please see the Florida State Hospital Formulary for Automatic Stop Order Policy).

1. At Florida State Hospital, there will be no standing pro re nata (PRN) orders for psychotherapeutic medications.

2. PRN labels will be made by the Pharmacy and sent with the new Medication Administration Record, Form 247. Pharmacy will provide two labels for each PRN order. One label shall be placed on the front of the Medication Administration Record, Form 247, with a designation of “See Back” written in the documentation area. The second label shall be placed on the back of the Medication Administration Record, Form 247, for charting the time of medication administration.

3. The Nurse shall place a label or transcribe orders on the PRN section of the Medication Administration Record, Form 247. Orders shall not be written on the front of this form. When the label is received from the Pharmacy, the label shall be placed in the blank space under the handwritten order.

(i) Medication Administration Records, Form 247: The Department of Pharmacy shall provide a Medication Administration Record for each resident currently on a medication regimen.

1. All medication administration notes shall be done on the Medication Administration Record, Form 247. Further clarification/documentation shall be made in the progress notes as appropriate.

a. The Pharmacy computer program cannot provide medication labels until demographic information is
available in the computer. When Pharmacy cannot provide labels for new admissions, medication shall be dispensed without computer generated labels. The nurse shall chart on the PRN/STAT section of the Medication Administration Record the necessary information.

b. Original handwritten entries shall only be written on the back (PRN/STAT) side of the Medication Administration Record and shall not be covered with labels.

2. Treatment Record, Form 622, shall be used to document ordered treatments.

3. Medication Administration Labels: The Department of Pharmacy shall provide Medication Administration Record labels for all scheduled medications including I.V. additives. I.V. solutions without additives are to be hand printed by a licensed nurse on the STAT/PRN section of the Medication Administration Record.

4. The content of the Medication Administration Records including the labels shall not be changed, added to, or defaced (to include changing printed times) in any way. When errors occur involving Medication Administration Records and/or Medication Administration Record labels the following steps are to be taken:

a. If the label has not yet been attached to the Medication Administration Record, return the label to Pharmacy for correction (a Nursing Pharmacy Note describing discrepancies shall be completed).

b. If label(s) have already been attached to the Medication Administration Record, DO NOT REMOVE, “X” the label and highlight it using a yellow highlighter. Write “error” on right hand side of Medication Administration Record adjacent to documented error with signature and date. This procedure shall also be applied when the label is placed on the wrong Medication Administration Record. (Do not make labels or documentation unreadable in the process).

5. If documentation of medication variance has occurred, DO NOT DESTROY or obliterate documentation and/or label. Follow hospital procedure for reporting medication variances.

6. All labels including duplicate labels shall be checked by a nurse for accuracy and conformity with the physician/Advanced Registered Nurse Practitioner/Physician Assistant’s order before placement on the Medication Administration Record.

7. Medication Administration Record labels shall be printed by a pharmacist using generic names (please use generic/trade references listed in the Florida State Hospital Formulary, available on the hospital’s intranet page).
8. Duplicate Medication Administration Record labels may be obtained by request via the Nurse Pharmacy Note.

9. All computer generated Medication Administration Record labels shall show the resident's hospital number. Resident information, name and hospital number on the labels should be checked for accuracy against the number addressographed at the upper left side of the Medication Administration Record prior to attaching the label on the Medication Administration Record and by the nurse prior to medication administration.

10. Replacement Medication Administration Records can be requested by the nurse on an as needed basis. The month and date on the replacement Medication Administration Records must correspond with the month and date on the old Medication Administration Record. Documentation on the replacement Medication Administration Record should begin at the next full day beginning with the a.m. dose or the first scheduled administration time on the next day to provide ease in following documentation and to decrease potential for medication error. If unable to begin documentation on the new Medication Administration Records at the specified time, place a vertical line (|) in all squares on the new Medication Administration Record corresponding to documented squares on the old Medication Administration Records. This would indicate that medication was administered which prevents duplication errors. Discontinued and old Medication Administration Records are to be filed in the “other” section of the resident’s chart and thinned in accordance with hospital procedure.

11. New Medication Administration Records shall be compared with the old Medication Administration Records for accuracy by pharmacy and nursing services. Personnel completing this task shall place initials in the upper left corner of the Medication Administration Record on the appropriate line.

12. The Department of Pharmacy shall print new Medication Administration Records with the “next” day as the starting day for documentation.

13. It is advisable for the nurse to highlight or circle unusual or odd dosages or special instructions such as “Give 3 Unit Doses.”

(j) Medications shall not be borrowed from one resident’s drawer for administration to another resident.

1. When necessary, medications may be borrowed from another day’s supply of the medications for the same resident’s medication by a nurse.

2. Nursing/Pharmacy Notes shall be filled out and forwarded to the Pharmacy requesting replacement of necessary medications.
3. The pre-administration check (Please refer to Section II, Administration) shall be used to detect missing medications. This process will prevent delays in administration and medication variances.

(k) STAT/PRN Supply: Each dorm shall have STAT/PRN medication supplies in the medication cart which are approved by the Pharmacy and Therapeutics Committee.

1. A listing of these medications is on the STAT Medication Supply Form 110 or 110A, found in the front of the Medication Administration Record notebook.

2. Use of these supplies shall be noted on the Unit Dose STAT Supply Usage Report, Form 120, in the Medication Administration Record Book by the nurse.

3. These supplies shall be checked and refilled by the Department of Pharmacy on cart refill days.

4. If STAT/PRN supplies are required before refill day, a Nursing/Pharmacy Note, Form 101, shall be completed by the nurse and supplies obtained from the Pharmacy.

(l) Medication Control-Unit/Dorm Level: All medications shall be stored in a manner that prevents deterioration and promotes accountability.

1. Oral Medications: All Medications shall be stored in a locked medication cart or a locked refrigerator at all times.

2. Topical Treatments: The Pharmacy will place all topicals, inhalants, aerosols, ophthalmics, otics, etc., in a plastic bag labeled with the resident's identifying information. Nursing shall store them in the plastic bag separate from oral medications. Storage locations must be approved by the Department of Pharmacy.

3. Narcotic/Controlled Medications: Schedule II through V are considered narcotic/controlled substances. These medications can be administered only by a licensed nurse or physician and the keys for the narcotic box must be kept by a licensed nurse at all times. All narcotic/controlled substances shall be dispensed by the Pharmacy to licensed personnel only. These medications shall be dispensed on a Controlled Substance Requisition/Administration, Form 103, by the Pharmacy. These forms shall be kept in a separate notebook along with the Narcotic Count Sheet, Form 118.

   a. All controlled substance boxes must be locked and stored in the bottom drawer of the locked Unit Dose Cart. The Unit Dose Cart must be engaged and also locked with the metal bar. During cart refill, the controlled substances shall be secured in a locked cabinet. The Pharmacy Director will be notified of the designated location.
b. The nurse shall either return unused Scheduled II and III narcotic/controlled substances to the Pharmacy within 24 hours after a completed course of therapy (exception—weekends and holidays shall be returned the next work day) or give them to the pharmacy technician who will return them to the Pharmacy when the controlled substances are distributed. This will prevent having to continuously shift-count medications that are not being utilized.

c. It is the responsibility of nursing staff to maintain an accurate and complete count of controlled substances in their unit. Use of these narcotics/controlled drugs shall be noted and tracked on the Controlled Substance Requisition/Administration Form, Form 103, by the licensed nurse administering these drugs. These medications shall be counted between shifts by the licensed nurses and totals acknowledged with the signatures of the on-coming and off-going nurse on the Narcotic Count Sheet, Form 118, on a daily basis. The controlled substance documentation including signature and title shall be completely legible. Illegible documentation shall be returned to the Nursing Supervisor for clarification.

d. Transdermal controlled substances (i.e., fentanyl transdermal patch) placement and adhesion shall be verified by the nurse twice each shift with documentation on the treatment Medication Administration Record, Form 622.

e. The Narcotic Order Sheet shall be completed by the nursing staff and received by the Pharmacy no later than 2:00 p.m. the day before the unit/dorms cart refill day.

f. These medications shall be handled by licensed nurses and licensed pharmacy staff only.

g. It is the licensed nurse’s responsibility to request additions, removal, and/or replacement of all controlled substances. The licensed nurse must go to the Pharmacy to receive the schedule II and III controlled substances. A pharmacy technician will assist in the distribution of the schedule IV and V controlled substances. The pharmacist, pharmacy technician and nurse receiving the controlled substances shall verify that the count is correct and sign the transportation log.

h. The nurse shall return the controlled substances to their area and secure both the controlled substance and the controlled substance requisition form in the designated locked area.
i. As controlled substances are administered to the residents, only the following information shall immediately be recorded on the controlled substance requisition form:

- Date
- Time
- First initial and last name of resident
- First initial, last name, and title of the nurse/physician who administered each dose
- If required, the first initial, last name, and title of the nurse/physician who witnessed the wastage of a controlled substance
- Dosage administered/wasted

Maintain controlled substance requisition form inside the designated locked area after every administration is recorded.

j. The nurse shall initial the resident’s Medication Administration Record, Form 247, after each dose is administered. Controlled substances refused by the resident shall be documented on the Medication Administration Record, Form 247, and only refusals that are wasted shall be documented at the bottom of the controlled substance requisition form.

k. Do not “scratch through” errors. Draw one line through the entry, write “ERROR”, sign with your title, and write in the correct information. Use a new line if necessary. The completed controlled substance requisition forms must be returned to the Pharmacy.

l. The Pharmacy Director (or designee) shall check the balance of the controlled substance requisition form with any remaining controlled substances found in the designated locked area to verify there are no discrepancies.

m. In the event the balances do not match, the Pharmacy Director shall alert the Nurse Supervisor and Director of Nursing. The Nurse Supervisor shall also be notified in the event the controlled substance requisition cannot be located. The appropriate nursing staff shall recheck the balance and document the findings. The Pharmacy Director (or designee) will initial the correction.

n. In the event the recheck yields a variance between the recorded inventory and the actual amount, the Pharmacy Director shall copy and leave the original controlled substance requisition form with the Nursing Supervisor to correct and return to the Pharmacy.
(m) Drug Disposal and Wastage:

1. Medications will be disposed of by the Department of Pharmacy and Nursing in compliance with the Florida Department of Environmental Protection and the Drug Enforcement Administration. Nursing will be trained according to the Pharmaceutical Waste Management Guidelines upon hire during Discipline Specific Training (DST) and annually as part of the annual updates for Nursing. Pharmacy will be trained upon hire and annually by the Pharmacy Director.

2. Wasting of oral controlled substances shall be documented on the Controlled Substance Requisition Form and accounted for by a nurse, witnessed (signature of the witness nurse/physician in the physician/witness column), with date and time. An explanation for wastage must be written at the bottom of the form and a reference “see below” written where the corrected balance is recorded.

3. Wasting or breakage of injectable controlled substances shall be documented on the Controlled Substance Requisition Form and include complete documentation of the amount of drug administered to the resident. The attached Wasted or Breakage of Injection sheet shall be completed with the amount of drug discarded or wasted, the signature of the nurse administering the drug and the signature of the witness verifying the wastage.

4. Any exceptions shall be immediately reported to the Director of Pharmacy (or the on-call pharmacist), the Director of Nursing and Security for an investigation.

(n) Bulk Supplies: The Department of Pharmacy shall dispense certain supplies in bulk, i.e. Insulin, intravenous (I.V.) fluids, Saline solution, etc. upon receipt of a signed Florida State Hospital Requisition to the Pharmacy, Form 315.

1. It is the unit’s responsibility to monitor and request these supplies from the Pharmacy.

2. Items are to be requisitioned in amounts needed for weekly use only.

(o) Resident Transfers:

1. All Physician Orders involving transfers should specify “Transfer” in the column where the orders are listed.

2. It is the transferring psychiatrist/Advanced Registered Nurse Practitioner/Physician Assistant’s responsibility to ensure that all current psychotherapeutic medications have a current Informed Consent or Court approval.

   a. Permanent Resident Transfers Within the Same Unit: Transfer of a resident to another dorm within the same unit is accomplished as follows:
(1) The physician/Advanced Registered Nurse Practitioner/Physician Assistant shall notify the Department of Pharmacy via a Physician's Order, Form 150 of the transfer. If the receiving physician/Advanced Registered Nurse Practitioner/Physician Assistant changes, new medical and/or psychiatric orders must be written (specify “transfer” on order).

(2) The nurse shall transfer medication to the Unit Dose Cart on the new dorm.

(3) The nurse shall transfer the resident’s Medication Administration Record, Form 247, to the new dorm.

(4) The nurse shall change the name of the dorm written on the Medication Administration Record, Form 247, to the new dorm.

(5) The nurse shall notify unit HIS to change dorm location in the computer (this prevents medications being sent to previous dorm).

b. Resident Transfers to New Units (not including MSU/ER): Transfer of residents to a new unit is accomplished as follows:

(1) The receiving physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review the Medication Administration Record, Form 247, or the pharmacy computer system (do not use desk files) and write new orders (specify “transfer” on order).

(2) The nurse shall place all unused medication in a paper bag and attach a Nursing/Pharmacy Note that denotes transfer and the new unit and return to Pharmacy within 24 hours of transfer, but no later than the next business day.

(3) The nurse shall scan/fax transfer order to Pharmacy.

(4) The nurse shall send current Medication Administration Record, Form 247, to new unit. Start a new Medication Administration Record, Form 247.

(5) DO NOT transfer medications to the new unit. Medications shall be dispensed by Pharmacy upon receipt of the Physician’s Orders from new unit.

c. Resident Transfers to New Unit after 4:30pm: When a resident is transferred to another unit after 4:30 pm; follow
the transfer to new unit procedure with the following exceptions:

1. The transferring nurse shall send only the evening and morning dose with the resident.

2. Please refer to Section r. below, Access to Medication after Pharmacy Hours, if it is the weekend.

3. The receiving physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review the Medication Administration Record, Form 247 or the pharmacy computer system (do not use desk files) and write new orders (specify “transfer” on order) the next business day.

d. Resident 24/48 Hour Observation Transfers To and From MSU/ER to Unit: Residents transferred to Medical Services Unit for 24/48 hour observation is accomplished as follows:

1. The nurse shall send Medication Administration Record, Form 247, to Medical Services Unit.

2. The nurse shall send 24/48 hours of medication from the medication cart.

3. The MSU/ER physician may write “continue unit medications” with the following changes if indicated (e.g. add, increase, decrease, discontinue or hold). Please see Hold Section, Paragraph 6.a.(1)(d).

4. Medication changes shall be dispensed by the Department of Pharmacy upon receipt of the Physician's Order or from the Med Dispense.

5. Upon discharge/transfer back to unit, the MSU/ER physician shall complete the Physician's/Discharge/Transfer Summary from Medical Services Unit, Form 45, and send to unit with the discharge back to unit order (specify unit and dorm). The MSU/ER nurse shall process the discharge order.

6. The receiving physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review the Physician's/Discharge/Transfer Summary from Medical Services Unit, Form 45, and address any medication changes with new orders if indicated.

7. If after hours, on weekends and holidays in addition to writing a discharge back to unit order, the MSU/ER physician shall write “continue home unit medications” with the following changes if indicated.
(e.g. add, increase, decrease, and discontinue). This order is to be sent to the receiving unit nurse.

(8) The receiving unit nurse shall process order and follow the Access to Medication after Pharmacy Hours in Section r. below.

(9) The unit physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review Form 45 and address any medication changes on the next business day.

e. Medical Service Unit Full Admit Transfers:

(1) Send Medication Administration Record, Form 247, to Medical Services Unit.

(2) The MSU physician shall write new medical and psychiatric orders.

(3) Medication shall be dispensed by the Department of Pharmacy upon receipt of the Physician’s Order.

(4) Upon discharge, the MSU physician must complete the Physician’s/Discharge/Transfer Summary from Medical Services Unit form, Form 45.

(5) The receiving unit medical and psychiatric physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review recommendations on the Physician’s/Discharge/Transfer Summary from Medical Services Unit, Form 45, and the Medication Administration Record, Form 247, or the pharmacy computer system (do not use desk files), and write new orders (specify on order transfer).

(6) If after hours (please refer to Resident Transfers to Unit after 4:30 p.m.), the MSU/ER physician shall write new orders (medical and psychiatric). These orders are to be sent to the receiving unit nurse for processing. The receiving physician/Advanced Registered Nurse Practitioner/Physician Assistant shall review Physician’s/Discharge/Transfer Summary from Medical Services Unit, Form 45 and the Physician’s order the next business day and write “continue current medications” with the following changes (increase, decrease, and discontinue) if indicated.

(p) General Information and Services:

1. Pharmacy Service hours are 8:00 a.m. to 6:00 p.m., Monday through Friday and 8:00 a.m. to 4:30 p.m. on holidays with the
exception of Christmas and New Year. Pharmacy is closed on these days. Emergency medications may be obtained from the Emergency Room at the Medical Service Unit when the pharmacy is closed. A copy of the Physician’s Order shall be provided by the unit to obtain one dose of medication for the resident until the Pharmacy re-opens.

2. Pill crushers may be requisitioned from Central Supply when needed. See Medication Administration Record book for a list of medications that can be crushed with an order from the physician/Advanced Registered Nurse Practitioner/Physician Assistant.

3. Antibiotics shall be scheduled so that dosage periods are appropriately spaced to provide optimal therapeutic blood levels (this does not constitute a medication error in dispensing or administration). All injectable antibiotics shall be administered in the Medical Services Unit where the resident shall be observed for 30 minutes.

4. If temporarily unable to refill orders with liquid formulations, Department of Pharmacy is authorized by the Pharmacy and Therapeutics Committee to substitute oral solids or vice versa. This does not constitute a medication error in dispensing or administration (new Medication Administration Record labels will reflect changes).

5. A limited supply of medication is located in Med Dispense located in the Emergency Room at the Medical Services Unit. These medications are available for new orders that are written and that cannot wait till the pharmacy opens the next day. These medications are not for replacement of the routine medications that should be replaced before the Pharmacy closes; they are for urgent patient care.

(q) Transporting of New Medication and Those Requiring Requisitions: The procedure for transporting medication, excluding Schedule II through V controlled substances, is as follows:

1. The medication is placed in a stapled paper bag, and then placed inside a clear, plastic delivery bag.

2. The transporting staff (Direct Care Staff (DCS) or Security staff signs two Transporting of Medication Log forms (at either the Pharmacy during regular working hours or obtained from the Emergency Room Nurse after hours/weekends).

3. The medication is hand delivered (by either the DCS during normal business hours or the Security staff after hours to the nurse on the Unit.

4. The receiving unit nurse signs both of the Transporting of Medication Logs and gives one form to the nursing supervisor at shift change.
5. The other signed form will be given to the UTRSS II or the Chief of Security.

6. The Nursing Supervisor (or designee) will scan form(s) into the Shared Folder.

(r) Access to Medication after Pharmacy Hours: To ensure all medications are available for administration; the unit nurse will scan/fax all orders to the Pharmacy in a timely manner. The unit will make sure all medication orders are picked up from the Pharmacy by 5:30 p.m. each day.

If a medication is needed after Pharmacy Hours, the unit nurse will do the following:

1. Check the stat drawer of the Unit Dose Cart.

2. If the medication is not available in the Unit Dose Cart, the unit nurse will call the ER nurse.

3. The ER nurse will check the availability and quantity of the medication(s) requested in the Med Dispense.

4. If the medication(s) is not available in the ER and the order is for a new medication or if a resident is admitted after Pharmacy hours (resident does not have medication in home unit or Med Dispense locked cabinet), the ER nurse will call the hospital dispatcher.

5. The hospital dispatcher will call the on-call pharmacist.

6. The on-call pharmacist will call the ER nurse to determine if the matter can be resolved by phone. If the matter cannot be resolved by phone, the on-call pharmacist is expected to be at the hospital within 2 hours to process the order.

(s) Procedure for Dispensing Medication During a Utility Outage:

1. Refill Area: The refill area will use the Medication Administration Record notebooks to fill the medication carts.

2. Dispensing Area: The dispensing area will only fill emergency new orders.

   a. The physician/Advanced Registered Nurse Practitioner/Physician Assistant will write the order twice and give both copies to the nurse.

   b. The Unit will hand deliver an original copy of the Physician's Order to the Pharmacy. The nurse shall file the second original copy in the chart.

   c. The Unit will document in the progress notes section of the resident's chart that a Physician's Order was taken to the Pharmacy.
d. Any questionable drug interactions, allergies, and essential current resident patient information will be communicated and obtained by the pharmacist contacting the nurse (if phone lines are working). The pharmacist will also use the resident's Physician's Reorder and Medication History, Form 604, on file in the Pharmacy.

e. Assisted by the pharmacy technicians, the pharmacist will write the directions for administering the medication on a Medication Administration Record label and prepare the medication to be dispensed.

f. The pharmacy technician will write the resident's name and the appropriate unit/dorm on a label and place the label on the outside of the medication bag.

g. The pharmacist will perform the final check and place the medication and label in the medication bag.

h. When power is restored, the pharmacy technician will make a copy of the Physician's Order and return the original copy to the Unit to be filed in the chart.

b. Section II, Administration: “Unit Dose Administration Guidelines” - details/defines the process for administration and documentation of prescribed medication to hospital residents

(1) “Unit Dose Medication Administration Guidelines” shall describe the correct procedure recognized by Florida State Hospital for administration of medications. These guidelines shall be taught in the New Employee Orientation and certification/recertification classes. The student will be given a copy of the guidelines and a copy shall be kept in the top of the unit dose cart for easy reference.

(2) Count of Controlled Substances: The on-coming and off-going nurse together will count the controlled substances in the Unit Dose Cart at every shift. The Narcotic Count Sheet, Form 118 will be signed by the on-coming and off-going nurse at the beginning of each shift to validate that the count was correct. Any missing doses or discrepancies shall be reported to the Director of Pharmacy (or the on-call pharmacist) and the Director of Nursing and Security for an investigation.

(3) Equipment and Supplies:

(a) Unit Dose Medication Cart

(b) Medication Administration Record, Form 247 Binder, Unit Dose STAT Supply Usage Report, Form 120, Key Shift Responsibility, Form 224, and Narcotic Count Sheet, Form 118, where applicable

(c) Copy of the Florida State Hospital Operating Procedure 150-35, Unit Dose

(d) Florida State Hospital Formulary (may be printed from the Florida State Hospital Intranet Home Page)

(e) Disposable Cups:

1. use calibrated cup if necessary
(f) Black/blue ball point pen (no sharpies or felt-tip pens)
(g) Nursing/Pharmacy Note, Form 101
(h) Pill crusher (if appropriate)
(i) Pitcher and appropriate diluents according to Florida State Hospital
Formulary’s Dilution of Concentrates instructions
(j) Hand sanitizer

(4) Administration:

(a) All medication shall be administered by a licensed nurse.

(b) It is the responsibility of the administering nurse to replace/reorder injectable
medications, syringes, needles, and alcohol swabs as necessary. Injectable medication shall be
requested with a Nursing/Pharmacy Note from Pharmacy the day before they are scheduled to be
administered.

(c) If problems occur with the administration and/or charting of medications or
any doubt as to the accuracy of the Medication Administration Record the licensed nurse shall
communicate with the Pharmacy and the nursing supervisor; as appropriate. Refer to Florida State
Hospital Operating Procedure 151-11, Medication Variance Reporting and System Management.

(d) Unlocked medication carts shall not be left unattended.

(e) Medication is NEVER left with a resident to be taken at a later time.

(f) Medications shall not be administered without a Medication Administration
Record.

1. If the Medication Administration Record cannot be located, the
nurse shall contact the Pharmacy to arrange for a duplicate
Medication Administration Record.

2. When Pharmacy cannot provide labels for new admissions,
medications shall be dispensed and the nurse shall transfer orders
to the PRN/STAT section of the Medication Administration
Record.

3. Original handwritten entries shall only be written on the back
(PRN/STAT) side of the Medication Administration Record this
section and shall not be covered with labels. When the label is
received from the Pharmacy, the label shall be placed in the blank
space under the handwritten order.

4. A copy of the Medication Administration Record shall be sent with
the resident on trips for the administration and documentation of
medication. Upon return to the unit, the nurse who administered
the medications shall transpose the information to the original
Medication Administration Record and destroy the copy.
(5) Adverse Reactions:

(a) When a resident displays any symptom(s) that may be considered an allergy or an adverse response to medication, the person observing the symptom(s) shall report this to the assigned nurse or nurse supervisor and document the symptom(s) on the progress note.

(b) The nurse shall report the resident's condition to the physician/Advanced Registered Nurse Practitioner/Physician Assistant, who shall assess the condition to determine whether the symptom(s) indicate an allergic reaction or another type of adverse response to the medication.

(c) The physician/Advanced Registered Nurse Practitioner/Physician Assistant shall discuss with the resident his/her symptoms and explain whether the symptoms represent an allergic reaction or another type of adverse response. Documentation of this discussion shall be written in the resident's records. See Adverse Reaction to Medication (ADRs) and Allergies to Medication, FSHOP 151-24.

(d) The Adverse Drug Reaction Form 160 shall be completed by the appropriate staff and signed by the physician/Advanced Registered Nurse Practitioner/Physician Assistant at the time the adverse reaction is diagnosed and/or reported. The completed form is sent to the Director of Pharmacy. Do not place a copy in the medical chart.

(e) When a resident is admitted to the hospital, drug allergies are determined by the physician/Advanced Registered Nurse Practitioner/Physician Assistant and documented on Form 604, Medication History. A copy is scanned/faxed to the Pharmacy along with the orders. Medication shall not be dispensed without appropriate allergy information. If an allergy is diagnosed after admission, the new information shall be placed on the Medication History form and on Form 207 Diagnoses form, along with the date and initials of the physician/Advanced Registered Nurse Practitioner/Physician Assistant adding the new information. The updated allergy form (Form 604) shall be scanned/faxed to the Pharmacy.

(f) When a diagnosed allergy or adverse response to a medication is documented on the Issues list or any other of the above forms, it shall be called to the attention of the registered nurse as soon as possible, and the registered nurse shall:

1. Note the allergy on the current Physician's Order before scanning/faxing it to the Pharmacy.
2. Note all allergies on the front outside cover of the resident chart using a commercially prepared label, or an improvised label with bold red lettering.
3. The first person to initiate or sign off an order on the Physician's Order sheet is responsible for transferring the allergy status to the new form.

(6) Progress Notes:

(a) Registered nurses shall be responsible for monitoring documentation of all medications in monthly progress note (summary).

(b) The nurse administering STAT/PRN medications shall document the nursing assessment data including vital signs. Within one hour of the STAT/PRN administration, a nurse shall document the resident's response to the PRN medications by his/her own note describing the response.
(c) A nurse shall document in the progress note that a STAT medication is given within the time frame. If the STAT medication is not given within the appropriate time frame the progress note should reflect the rationale for the delay in the administration.

(d) Refer to the Florida State Hospital Operating Procedure 152-5.5, Nursing Documentation for further information regarding documentation according to Department of Children and Families 155-1, Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities and 155-39, Guidelines for Progress Notes Documentation in the Medical Record at State Mental Health Treatment Facilities.

(7) Informed Consent: It is the responsibility of the physician/Advanced Registered Nurse Practitioner/Physician Assistant to obtain the appropriate signature or Guardian Advocate/Court Order permission and place form in the chart prior to prescribing medication.

c. Section III, Monitoring: details quality control activities related to prescription, dispensing, and administration of medication

(1) Medication Administration Monitoring System:

(a) The Florida State Hospital medication administration monitoring system involves four major components: pharmacy, education, supervision, and improvement/quality control. In order to ensure safe and effective medication administration, Florida State Hospital utilizes an integrated medication administration monitoring system that involves representation from each of these areas. Monitoring results are shared during the quarterly Pharmacy and Therapeutics Committees meeting where gaps are discussed; and improvement/corrective actions are identified and tracked.

1. Responsibilities of each Area involved in Monitoring Medication Administration:

   a. To ensure effective nursing performance during medication administration and compliance with the Florida State Hospital Operating Procedure 150-35, Unit Dose System, each Nursing Supervisor will monitor all nurses under direct supervision during medication administration at least once annually. The supervisor will complete the Medication Observation Form and submit the original copy to Quality Improvement Program.

   b. To ensure congruence between medication prescription standards, medication administration practices, and the Florida State Hospital Operating Procedure 150-35, Unit Dose System, the pharmacist will randomly (unscheduled) monitor medication administration within a residential unit quarterly. The pharmacist will complete the Medication Observation Form and submit the original copy to Quality Improvement Program.

   c. To ensure congruence between nursing education, medication administration practices, and the Florida State Hospital Operating Procedure 150-35, Unit Dose System, a nursing instructor from Professional Development and Training will randomly (unscheduled) monitor medication administration within a residential unit quarterly. The
nursing instructor will complete the Medication Observation Form and submit the original copy to Quality Improvement Program.

d. To provide external monitoring, a nurse from Quality Improvement Program will randomly (unscheduled) monitor medication administration within a residential unit, quarterly. The Quality Improvement Program nurse will complete the Medication Observation Form and submit to the original copy to the Quality Improvement Program.

e. Prior to each Pharmacy and Therapeutic Committee meeting, Quality Improvement Program shall combine all monitoring results and present the information to the rest of the committee members at the quarterly meetings.

(b) Monitoring Techniques - Pharmacy and Therapeutics Committee/Pharmacy

1. Surveillance of psychotropic medications

   a. Designated members of the Pharmacy and Therapeutics Committee (Medication Variance Subcommitte) shall at a minimum review medication prescriptions, distribution, and medication administration documentation at each unit annually.

   b. A written report/form shall be provided to the Assistant Hospital Administrator, Unit Director, and the nurse manager regarding compliance and/or deficiencies as defined in this procedure and other applicable procedures with a request for corrective action.

   c. A report shall be provided at the monthly meetings of the Pharmacy and Therapeutics Committee with requests for recommendations for corrective action.

   d. Unit Medication carts are monitored by the Quality Improvement Program.

2. Department of Children and Families Operating Procedure 155-1 requires the following:

   a. Medication administration must be complete; this includes current initials or appropriate symbols in all appropriate documentation areas. Progress notes shall reflect reasons for medications not administered.

   b. Medication errors must be noted, explained, and documented on the Medication Variance Tracking Form.

   c. Medication Administration Records must reflect legible signatures, title, and initials of all licensed persons authorized to administer medications.
d. Medication Administration Record labels must contain current medication instructions, times, and dosages.

e. All medication allergies and sensitivities must be noted on resident’s profiles and Medication Administration Records.

f. All Physicians Orders shall be reflected on the Medication Administration Record and administered accordingly. Medication Administration Record labels must correspond to the Physicians Order.

g. Monitoring of these standards and recommendations for corrective action shall be provided by the Pharmacy and Therapeutics Committee when appropriate.

3. Review of Incident Reports Involving Use of Medications

   a. Members of a Medication Variance Committee shall review and make recommendations to the Pharmacy and Therapeutics Committee when appropriate.

   (c) Any continuing or acute problems are to be monitored by the Director of Pharmacy or the designee and appropriate communications rendered to the appropriate unit personnel.

7. Training Requirements: A check in the box below indicates which employees within the department are required to read this operating procedure and when they will receive training at Florida State Hospital. Employees within identified departments will also be required to review the policy each time it is updated.

When a nurse is not actively involved in the implementation of the Unit Dose System for a period of six (6) months or more, and prior to medication administration, the nurse shall review the Unit Dose procedure and document such review (S.T.A.I.R.S. Form).

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<th>New Employee Orientation</th>
<th>Discipline Specific Training</th>
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SUMMARY OF REVISED, ADDED OR DELETED MATERIAL

Changes, additions, and deletions were made to the References and the Drug Waste and Disposal section of this policy.

MARGUERITE J. MORGAN
Hospital Administrator