Joint Commission Readiness Poster
Medication Management
2017

Medication Safety

Current list (April 2017) contains:
1. Look Alike/Sound Alike Medications
2. High Risk/ High Alert Medications
3. Unapproved Abbreviations
4. Two patient identifiers: Name & DOB
   Use extra care when ordering and handling these medications

Medication Planning

1. MEDDAC Regulation 500a-59: Medication Management
2. Army Regulation 40-3: Medical, Dental, and Veterinary Care, Chapter 11: Pharmacy and Medication Management
3. The BJACH Formulary is available online for patients and providers.
4. A non-formulary drug request must be submitted for all non-formulary drugs.
5. Information about the patient is accessible to staff in AHLTA and CHCS.

Medication Storage

1. Medications, IV fluids, needles, & syringes must be secured in a locked cabinet when not under direct observation by a healthcare provider.
2. Controlled medications must be double locked.
3. Refrigerator & freezer temperatures must be monitored every 6 hours every day to ensure medication integrity.
4. Expired, damaged, or contaminated medication will be quarantined & clearly marked until returned to Pharmacy.
5. Pharmacy conducts monthly staff assist visits to all medication storage areas.

Medication Ordering

1. All orders must be clear and accurate
2. Medication orders must include the following:
   a. Patient Name
   b. Medication
   c. Strength/Dosage
   d. Directions (including frequency)
   e. Quantity (including refills)
   f. Provider Signature
   g. Date
3. All orders are entered into the patient's electronic profile to screen for allergies, interactions, therapeutic duplication, and appropriateness.
Pediatric orders are in mg/kg.

Medication Preparation

1. Medication preparation areas should be clean to prevent contamination.
2. Medication areas should be quiet to prevent medication errors.
3. Multi-dose vials (except vaccines) will be labeled with a 28 day expiration date sticker upon opening.
4. Multiple use containers will be discarded by manuf. expiration date or sooner if contents are compromised.

Medication Administration

1. Administer medication only with a written order from a privileged provider and within your scope of practice.
2. Review patient's drug allergies.
3. Verify the 5 "Rights"
   Right Patient (Name & DOB)
   Right Drug
   Right Dose
   Right Time
   Right Route
4. The MEDDAC does not initiate or dispense investigational drugs.

Medication Monitoring

1. In CHCS, AHLTA, or the patient's chart, at a minimum, the following will be available:
   Age
   Gender
   Current Medications
   Diagnoses & Co-Morbidities
   Relevant Lab Values
   Past Sensitivities/Allergies
   Weight/Height (when appropriate)
2. Report all adverse drug and vaccine reactions Outlook email, and on-line PSR.
3. Pertinent medication recalls are communicated to staff via e-mail. If the recall is patient-level, pharmacy will generate a report and contact patients.

Medication Evaluation

1. Drug utilization reviews prepared by Clinical Pharmacy are presented at the MMC and P&T Committee and e-mailed to providers.
2. Medication reconciliation should include prescriptions, over the counter medications, vitamins, and herbal supplements.
3. Medication reconciliation should be completed every time a medication is added, deleted, or changed; the patient should receive a copy of the updated list.

Drug Information Resources

1. Lexicomp (online)
2. Up-to-Date (online)
3. Mosby's Nursing Drug Reference current edition
4. Drug Information Handbook current edition
5. The Sanford Antimicrobial Guide current edition
6. Tarascon Pocket Pharmacopoeia current edition
7. Harriet Lane Handbook