

Greater New Orleans Surgery Center

CLASSIFICATION OF CONTROLLED DRUGS

Page 1 of 3

Reviewed: August 1, 2001

~~08/01/2003, 05/01/2009~~

Deleted: August 1, 2003

Implemented: August 1, 2001

SUBJECT: Classification of controlled drugs.

PURPOSE: To provide a classification of controlled substances in accordance with the Comprehensive Drug Abuse Prevention & Control Act of 1970.

SCOPE: All personnel.

POLICY: The facility strictly adheres to all the regulations of the Comprehensive Drug Abuse and Control Act. A synopsis of this act is:

The Comprehensive Drug Abuse Prevention and Control Act of 1970 presents an entirely new classification of drugs, combining the Harrison Narcotic Act (1914) and the Drug Abuse Control Amendment (1965) and more than fifty other federal laws. Essentially, the Controlled Substances Act regulated the manufacture, distribution and dispensing of narcotic and/or dangerous drugs. Amendments to this Act may be passed at any time.

PROCEDURE:

A. The drugs controlled by the act are placed in five (5) categories or schedules.

1. SCHEDULE I: (1 or C-1)

- a. Included in this schedule are certain opiates and hallucinogenic substances for which there is a high abuse potential and there is NO current acceptable medical use in treatment.
- b. Examples: Heroin, LSD and Marijuana.

2. SCHEDULE II: (2 or C-2)

- a. This schedule includes those drugs which have a high abuse potential with severe psychic or physical dependence liability and a current acceptable medical use in treatment. In this schedule, most narcotics of the former Class A group and some barbiturates and amphetamines are included.
- b. Examples: Codeine (plain), Demerol, Dexamyl, Dexedrine, Dilaudid, Mepergan, Morphine, Percodan, Ritalin, Seconal, Amytal, Nembutal and Tuinal, Fentanyl, Ultiva, Cocaine, Tylenol with Codeine (tabs & elixir).

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3. SCHEDULE III: (3 or C-3)

- a. The drugs in this schedule have an abuse potential less than those in Schedules I and II and have a current acceptable medical use in treatment. Included are those drugs formerly known as Class B Narcotics. In addition, certain non-narcotic drugs such as certain stimulants, depressants, barbiturates and other have been added.
- b. Examples: Doriden, Empirin, 2, 3, 4, Preludin, Paregoric and some barbiturates (except Phenobarbital and Barbitol).

4. SCHEDULE IV: (4 or C-4)

- a. The drugs in this schedule have an abuse potential less than those listed in Schedule III and have a current acceptable medical use in treatment.
- b. Examples: Chloral Hydrate, Meprobamate, Equanil, Miltown, Phenobarbital and Placidyl.

5. SCHEDULE V: (5 or C-5)

- a. The drugs in this schedule have an abuse potential less than those listed in Schedule IV and have a current acceptable medical use in treatment. Included in this schedule are those preparations formerly known as Exempt Narcotics (X) with the exception of Paregoric.
- b. Examples: Elixir of Terpin Hydrate with Codeine, Phenergan VC Exp., Robitussin A-C, Triaminic Expectorate with Codeine.

B. IDENTIFICATION OF CONTROLLED SUBSTANCES:

- 1. Controlled substances bear appropriate identification, i.e., proper symbols are used on the package by the manufacturer.
- 2. On the package, one of the appropriate symbols shown below is printed. It is two times the largest type face on the label or else the symbol is over-printed in type in contrasting color and clearly visible. Appropriate symbols are as follows:

Schedule I.....(1 or C-1)

Schedule II.....(2 or C-2)

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Schedule III.....(3 or C-3)

Schedule IV.....(4 or C-4)

Schedule V.....(5 or C-5)

C. DISPOSAL OF CONTROLLED SUBSTANCES:

If there are outdated/expired drugs present, the Clinical Manager will notify the Administrator. The Administrator will box up and return all nonnarcotic drugs to National Pharmaceutical Returns (NPR) for disposal. All narcotic drugs will also be returned to NPR for disposal once the proper paperwork has been completed.

Deleted: Nurse Manager

Deleted: consulting pharmacist. The consulting pharmacist will then contact his nearest DEA Regional or District Office and request the necessary forms. Three copies will be forwarded to the regional office by him/her, along with an attached cover letter stating that the Controlled Substances are not desired and that the pharmacy wishes to dispose of them. Outdated controlled drugs may also be handled by an approved DEA company that handles outdated controlled drugs.

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CONTROLLED SUBSTANCE USAGE

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Reviewed: August 1, 2001
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Implemented: August 1, 2001

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SUBJECT: Controlled substance usage.

PURPOSE: To ensure compliance with State of Louisiana Controlled Substance Mandates.

SCOPE: Perioperative nurses.

POLICY: The following guidelines shall be followed with regard to the storage, control, issuing and documentation of controlled substances at the surgery center.

PROCEDURE:

- A. Class II substances are stored in a double-locked cabinet.
- B. Class III and IV substances are stored in a single-locked cabinet.
- C. The narcotic keys are in the possession of a designated RN or LPN at all times.
- D. The narcotic keys are stored in the safe after the final count and when the facility is closed. Under no circumstances are the narcotic keys to be removed from the facility premises.

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- E. At the time a controlled substance is administered, the RN or LPN administering the substance must fill out the appropriate line on the Controlled Drug Log.

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- F. The controlled drug logs are to be kept in the Pharmacy.

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- G. Controlled substances will be issued as a single dose with the exception of:

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H.

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- 1. Pentothal and Diprivan - which will be administered and documented by mgs.

- 2. Valium and Versed - which will be drawn up, labeled and documented in 1 ml quantities.

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- 3. Sublimaze - which will be drawn up, labeled and documented in 1 ml quantities.

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Any unused amounts are wasted with an RN or LPN witness, who must sign the appropriate line on the Controlled Drug Log and include the reason for drug wastage.

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H A count of all controlled substances is to be performed by two licensed professionals at the end of each day that the facility is operational. The status of the count is to be indicated on the appropriate line and signed by both professionals. Discrepancies in the count are to be reported to the Clinical Manager or Clinical Manager's designee immediately. If the discrepancy cannot be resolved, Clinical Manager is to report it to the consultant pharmacist, administrator and medical director.

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I The Controlled Drug Log is to be kept for seven years.

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I The Consultant Pharmacist and Clinical Manager make routine and frequent spot checks of scheduled drugs. The following items are checked:

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- Administration
- Control
- Dispensing
- Documentation
- Labeling
- Out-dates
- Recording
- Storage

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GENERAL GUIDELINES FOR MEDICATIONS

Page 1 of 2

Reviewed: August 1, 2001
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Implemented: August 1, 2001

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SUBJECT: General guidelines for medications.

PURPOSE: To insure patient safety during the administration of medications.

SCOPE: All nursing personnel.

POLICY: The perioperative nurses at Greater New Orleans Surgery Center will follow safe guidelines and procedures established when administering medications to our patients.

PROCEDURE:

A. Medications will be administered only on a written order of a physician, or podiatrist. Telephone orders to a licensed nurse will be signed by the doctor within 24 hour.

Deleted: dentist

B. For any question regarding drug interactions, potentiation, adverse effects or contra-indications, the following are available as references:

1. Clinical Manager.
2. Pharmacy consultant.
3. Physician's Desk Reference (PDR).
4. Facts and Comparisons.

Deleted: Nurse manager

C. Oral medication shall be purchased in unit dose form when possible; i.e., each dose sealed and fully identified with the trade name, generic name, strength, manufacturer, lot number, expiration date, and special storage requirements.

D. Injectable medication shall be purchased in pre-filled syringes, when available, or in unit dose vials. When only multiple dose vials (MDV) are available, vials need not be refrigerated upon opening. (See policy regarding multiple dose vials.)

E. Drugs shall be separated in the pharmacy as to their internal or external usage.

F. Stocks of medication and supplies shall be rotated to ensure the availability of "fresh" batches

G. Medication containers are to be read for storage requirements. Medications not requiring refrigeration are not kept in the refrigerator.

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GENERAL GUIDELINES FOR MEDICATIONS

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1. REFRIGERATION: One having a temperature of 36°-46° F. A thermometer is placed in each refrigerator and checked daily. The thermometer is to read between 36° and 46° F.
 2. COOL PLACE: One having a temperature between 8°-15° C, which equals 46°-59° F.
 3. ROOM TEMPERATURE: In between 15° - 30° C, which equals 59° - 86° F.
 4. EXCESSIVE HEAT: Designates temperatures above 40° C or 104° F.
- H. Poisonous medications labeled "For External Use Only" are kept separate from internal medication in suitable storage areas.
- I. Medications no longer in use are disposed of in accordance with federal, state and local laws and regulations. Controlled substances are disposed of in accordance with the Controlled Substance Act.
- J. Out-dated drugs will be removed from the shelf and placed in the Administrators office
- K. Unopened bottles and boxes will be returned to the appropriate distributor for credit or exchange.
- L. If drugs are not exchangeable or returnable for credit, they will be sent for disposal to National Pharmaceutical Returns.

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GENERAL PHARMACY POLICIES

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Reviewed: August 1, 2001
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SUBJECT: General pharmacy policies.

PURPOSE: To safely monitor the handling of medication in facility in accordance with standards, laws, regulations, and drug safety requirements.

SCOPE: Consultant pharmacist and all nursing personnel.

POLICY:

A. Drug handling:

In operations, the welfare of the patient comes first. Laws, regulations, controls and drug safety requirements, as well as drug handling procedures, are designed to protect the health and safety of the patient.

1. A Registered Nurse or qualified Licensed Practical Nurses on the order of the physician shall administer medications to patients.
2. Only a single dose of medication is removed from the pharmacy at one time and is administered to the specific patient for whom the medication was ordered.
3. Self-administration of medications by patient is permitted with an order from the patient's physician.
4. There shall not be any medications dispensed to any patient for home use.
5. Sample drugs are not used or stored in this facility.

B. The pharmacy consultant:

1. Pharmaceutical services are under the direction and guidance of a professionally competent, legally qualified pharmaceutical consultant. There is a proper business and professional agreement between the Center and the consulting pharmacist.
2. The pharmacist shall provide pharmaceutical consultant services on a weekly basis and maintain a log of his/her visits.
3. Adequate records in compliance with the facilities policies and legal requirements are maintained.

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4. The pharmacist is obligated to control the procurement, storage, handling, preparation, disposal, distribution and record-keeping of all pharmaceuticals. Drug services and handling are in compliance with federal, state and local laws and regulations.
5. The pharmacist holds the health and safety of his/her patrons to be his/her first consideration.
6. The pharmacist willingly makes available his/her expert knowledge of drugs to the other health professionals of the facility.

C. Duties and obligations of the pharmacist:

1. Has authority and is responsible for:
 - a. The dispensing of pharmaceuticals within the facility.
 - b. Maintaining and reviewing the required records for the use of drugs within the facility.
 - c. Annual review of pharmacy policies and procedures.
2. Recommends a stock of emergency drugs and antidotes.
3. Maintains the system of controls and records for the requisitioning and dispensing of drugs by supervision of the pharmacy nurses.
4. Insures proper storage of drugs and chemicals and prevents out-dating, deterioration and development of hazardous conditions.
5. Inspects all pharmaceutical and chemical supplies in all medication areas on a regular basis.
6. Furnishes information concerning medications to physicians and nursing personnel.
7. Supervises, establishes policy for and devises a systematic check of the pharmacy nurses with regard to the discarding of unused or outdated drugs.
8. ~~Inservices to staff will be given as needed.~~
9. Maintains a pharmaceutical library of professional information.

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GENERAL PHARMACY POLICIES

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10. The pharmacist is responsible for all pharmaceutical services in the facility relating to the patient's health and welfare. Drug safety, counseling the nursing staff, interpretation of doctors' orders and compliance with regulations and laws relevant to the Center are but a few of the many things that fall under the consultant pharmacist's responsibility.

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I.V. ADMIXTURE GUIDELINES

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Reviewed: August 1, 2001
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- SUBJECT:** I.V. admixture guidelines.
- PURPOSE:** To safely infuse IV antibiotics to patients.
- SCOPE:** Perioperative nurses.
- POLICY:** The perioperative nurse will follow proper procedure when performing IV admixture. This will provide safe infusion of IV antibiotics to our patients.

GENERAL INFORMATION:

- A. The work area designated for the preparation of I.V. admixtures is located in the medication preparation counter in the Pharmacy.
- B. Materials required for the admixture process shall be placed in the work area prior to beginning the procedure.
- C. Unnecessary movement and excessive personnel in the vicinity of the area designated for I.V. admixtures shall be avoided.
- D. Meticulous attention shall be given to proper hand-washing technique prior to attempting aseptic transfer.

PROCEDURE:

- A. Inspection of IV container.
 - 1. The I.V. bag shall be inspected for clarity and any bag exhibiting cloudiness or presence of foreign matter shall be rejected. Closures shall also be inspected for obvious denting or damage.
 - 2. Disposable equipment must never be reused and shall be rejected if there is any reason to believe that the sterile over-wrap has been damaged.
- B. Techniques:
 - 1. Unit dose injectables shall be employed whenever possible.
 - 2. Syringes, needles, additive caps, etc., shall not be opened until just prior to use.

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I.V. ADMIXTURE GUIDELINES

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3. Necks of I.V. solutions and ampules shall be routinely swabbed with alcohol.
4. Latex injection sites and I.V. stoppers shall be swabbed before each new addition of medication.
5. Care shall be exercised when inserting a needle into a rubber stopper to minimize the chance of coring.

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C. Disposal.

1. Needles shall be disposed of in the red plastic sharps box. The red box, when 3/4 full, shall be taped, labeled and dated, then placed in large red contaminated box.
2. Needles need not be broken off prior to disposal, as this might lead to further chance of injury.
3. Partially used I.V. solutions shall be disposed of by first emptying remainder of solution into the sink. Plastic bags are then discarded into the trash.

D. Labeling.

A distinctive label will be affixed to any I.V. containers when a drug is added. The label includes the patient's name, drug, dose, date, time and name of person adding the drug.

E. Antibiotic admixtures.

1. Cefazolin (Ancef, Kefzol): All doses 100 ml 5% Dextrose over 20 min.
2. Vancomycin: Reconstitute with 10 ml diluent, 500 mg – 1000 mg in 250 ml 5% dextrose in H₂O infuse over 60 minutes.
3. Ciprofloxacin: reconstitute with 10 ml of diluents then 200 mg-400 mg to 250 ml 5% dextrose in water, infuse over 60 minutes
4. Doxycycline: reconstitute with 10 ml of diluent then add 100 mg to 100 ml 5% dextrose in water, infuse over 60 minutes

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Deleted: 3. Erythromycin: Use 20 ml sterile water w/o preservatives to reconstitute vial then add to bag - 500 mg/NS 100 ml over 60 min, 1 gm/NS 250 ml over 60-90 min.¶

4. Gentamicin: All doses/NS 50 ml over 30 min.¶

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LATEX ALLERGY

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Reviewed: August 1, 2001
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SUBJECT: Latex allergy.

PURPOSE: To inform the staff regarding the significance of latex allergy.

SCOPE: All personnel.

POLICY: Patients with a "known" or "suspected" latex allergy or sensitivity scheduled to have a procedure at the facility will be reviewed and evaluated as to their treatment.

PROCEDURE/INFORMATION:

A. General Information.

1. Latex is a product made from sap of the Hevea brasiliensis plant.
2. It is heated with chemicals and rinsed during manufacturing.
3. If not rinsed properly, it may retain enough of its water-soluble proteins and cause an allergic reaction in people who come in contact with it.
4. Increasing demand for latex products has unfortunately led to shortcuts in the manufacturing process, including inadequate rinsing.

B. Symptoms.

1. Edema and redness around the eyes.
2. Rhinitis, nasal itching, sneezing.
3. Urticaria, dermatitis.
4. Wheezing, shortness of breath, asthma, airway obstruction due to bronchospasm.
5. Sudden unexplained drop in blood pressure with increase of heart rate that can lead to circulatory collapse and anaphylactic shock.
6. People with a history of mild reaction to rubber, who have undergone or performed multiple medical procedures, are at the highest risk for allergic reactions.

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C. Methods of Exposure.

1. Direct contact with skin or mucous membranes.
2. Breathing contact with airborne particles.

D. Medical Products That Might Contain Latex.

1. Mattress/stretchers

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LATEX ALLERGY

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2. Rubber gloves
3. Adhesive tape
4. Urinary catheters
5. Electrode pads
6. Drains/stomach tubes
7. Fluid circulating warming blanket
8. Ambu-bags
9. Bulb syringes
10. Ace bandages/band-aids
11. Medication vial stoppers
12. Stethoscope tubing
13. Gloves
14. Tourniquets

E. Anesthesia Equipment That Might Contain Latex

1. Rubber masks
2. Electrode pads
3. Head straps
4. Nasal or oral pharyngeal airways
5. Teeth protector/Bite block
6. Suction catheters
7. Blood pressure cuff (inner bladder and tubing)
8. Rubber breathing circuits, ventilation hose, endotracheal tubes.
9. Injection ports on I.V. bags
10. Multi-dose vial stoppers

F. Prevention

1. Health care professionals required to wear surgical gloves may limit their exposure to latex by wearing non-latex surgical gloves. The facility is responsible for providing hypoallergenic gloves for latex sensitive personnel.
2. Health care personnel should rinse powder from their gloves to protect themselves and their patients.
3. Health care personnel should avoid touching their eyes, noses, and mouths while wearing gloves.
4. After removing gloves, health care personnel should wash glove powder from their hands to minimize skin exposure and prevent spread of latex to sensitive mucous membranes.

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5. Wearing masks while handling products containing latex helps prevent personnel from direct contact and from airway exposure to airborne particles.
6. Peri-operative personnel who suspect a latex sensitivity should be aware of symptoms and keep a journal of exposures.

G. Precaution guidelines should be followed for patients with documented latex allergies as well as patients at high risk for latex allergies (should be determined by the anesthesiologist and the surgeon).

1. Identify latex allergy on [preanesthesia evaluation form](#)
2. Inform all patient care areas.
3. Obtain latex-free products from storage room.
4. Use non-latex gloves for all personnel having contact with the patient, especially the scrub team.
5. When using Penrose tourniquets, blood pressure cuffs, or orthopedic tourniquets, protect the extremity with cast padding or stockinette.
6. If using cysto tubing or any irrigation tubing with rubber tip, cut off rubber tip and attach remaining plastic tubing to stop-cocks or scopes.
7. Instead of Band-Aids, use small 2x2s and tape.
8. Instead of rubber bands, use vessel loops or small pieces of non-latex gloves.
9. If using a Lukens-trap, do not allow it to touch the patient or use black top tubes.
10. When drawing up drugs for a case, remove rubber stopper from vial and draw directly from vial.
11. Do not access any IV ports or drainage bag ports. Cover ports with tape and use 3-way stop-cock to administer medications.
12. Do not keep medications drawn up in syringes for any length of time. Draw up and immediately administer.
13. Apply non-latex (unsterile) glove to patient's hand before applying pulse oximeter.
14. Rubber bellows, ventilation and scavenging hose are to be washed down before use. Blue reservoir bag should not be used. Use non-latex one.

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H. Treatment

1. Primary:
 - a. Same as for life-threatening systemic anaphylactic treatment.
 - b. With latex allergic reaction:
 1. Stop treatment/procedure.
 2. Support airway with 100% oxygen.
 3. Start I.V. volume expansion with Ringers Lactate or normal saline.

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LATEX ALLERGY

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4. Administer epinephrine 1 mg/ml 0.3-0.5 ml per kg subq or I.M. May repeat in 10-20 minutes.
 - c. Preventative drug therapy for latex sensitivity may include perioperative administration of corticosteroids and histamine antagonists.
2. Secondary:
- a. Diphenhydramine (Benadryl) 50 mg I.V. or I.M. initially; then 25-50 mg q4-6h for 24-72 hours.
 - b. Methylprednisolone 80-125 mg I.V. bolus, then may repeat q6-8h.
 - c. Ranitidine (Zantac) 50 mg in 50 cc normal saline I.V. over 15 minutes, then, may repeat q6-8h.

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I. Latex-free Products In the Surgery Center.

1. All Medline (Proxima) packs and drapes.
2. Becton-Dickinson & NIPRO disposable needles.
3. Becton-Dickinson syringes.
4. Braun irrigation solutions.
 - a. Sterile water
 - b. Normal saline
5. Medline Y Type Irrigation/TUR system (arthroscopy tubing).
6. Evergreen mask and face tents except for plastic braid. Medline Anesthesia circuits and masks
7. All Medline, Conmed, Aspen, Birtcher, and Adnover labeled products.
8. All Richard-Allan products (trocars).
9. Jelco IV catheters (by Critikon).
10. Plastic airways

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Deleted: (Sterile Concepts)

Deleted: (except for adhesive on suture bag)

Deleted: tuberculin

Deleted: McGaw

Deleted: Linvatec Apex Universal irrigation

Deleted: 8. Episeal (Steri-Strips) - Latex contained in packaging only, 3M Steri-Strips.¶
9. Jones dressing (Cotton-Roll).¶
10. Durapore and Micropore tape.¶

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13

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MEDICATION ADMINISTRATION - AMPULES

Page 1 of 2

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Medication administration - ampules.

PURPOSE: To ensure a sterile safe procedure when administering medications from ampules.

SCOPE: Perioperative nurses.

POLICY: When administering medications from ampules, perioperative nurses will use a sterile procedure.

PROCEDURE:

A. Tap the ampule gently while in the upright position to release the solution that may be trapped in the stem above the constricted neck. When ampules contain dry powder, the diluent is injected into the ampule, the solution is affected and the solution is then withdrawn back into the syringe. The filter needle is then removed and replaced by a regular needle of the appropriate length and gauge.

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B. When preparing to break the ampule open, first swab it with a 70% alcohol swab. Wrap the swab around the neck of the ampule, thus avoiding cuts if the ampule breaks when being opened.

C. Using the swab, thumb and index finger on the neck of the ampule and the thumb and index finger of the other hand on the base of the ampule, snap off the neck away from you. If the ampule resists breaking, you may rotate the ampule and repeat the above procedure.

D. Maintaining sterility, remove the needle sheath. (Do not inject air into the ampule. This may cause solution to be expelled.) Tilt the ampule, submerge the needle into the solution and withdraw the solution.

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E. Pull the plunger back with the thumb using the index finger for support, placing it on the wing of the syringe. For large ampules, grasp the ampule and syringe base with one hand and pull the plunger back with the thumb and index finger of the other hand.

F. After replacing the needle sheath, hold the syringe upward and tap it to remove air bubbles, if any. Then slowly eject the air remaining in the syringe.

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G. Fill the volume of the solution by aligning the rubber end of the plunger rod with calibration markings on the barrel of the syringe.

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MEDICATION ADMINISTRATION - AMPULES

Page 2 of 2

- H. Dispense the medication and discard syringe and needle into the "Sharps Container". **DO NOT ATTEMPT TO RECAP, BREAK, OR BEND THE NEEDLE WITHOUT THE USE OF A HEMOSTAT OR A ONE-HANDED TECHNIQUE.**

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MEDICATION ADMINISTRATION - USE OF SYRINGES/NEEDLES

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Medication administration - use of syringes/needles.

PURPOSE: To ensure that all equipment and supplies are up to recommend standards and safe for patient use.

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SCOPE: All staff.

- A. Select the syringe and needle needed.
- B. Examine the integrity of the wrap; pinholes or breaks in the wrap render the syringe non-sterile.
- C. Remove the wrap from the syringe, being careful to avoid touching the plunger rod.
- D. Peel back the needle wrapping and expose the hub.
- E. Remove the plastic protective cap from the syringe tip.
- F. Attach the needle to the syringe with a twist, keeping the needle sheath intact and avoiding touching the needle hub.
- G. When ready to use, pull the needle sheath straight off. (The sheath preserves the sterility of the needle and allows the multiple use of a syringe to withdraw and dispense several aliquots of a solution safely.) The sheath will be contaminated if it is laid down on the work surface. If the syringe is to be used for a second portion of additive, hold the sheath between the fingers of one hand.
- H. Draw out the contents by pulling the syringe plunger back, being careful not to touch the sides of the plunger. If the plunger is contaminated, the inside barrel of the syringe will then become contaminated when the plunger is pressed in and future solutions introduced into the barrel will also become contaminated. The syringe should be discarded if the plunger is touched.
- I. Perform the transfer or injection.
- J. Dispose of excess sterile solutions which may be drawn into the syringe by returning the overfill back into the original container.
- K. When ready to discard the syringe and needle, insert into the "Sharps Container". **DO NOT ATTEMPT TO RECAP THE NEEDLE.**

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ORDERING OF DRUGS AND NARCOTICS

Page 1 of 2

Reviewed: August 1, 2001

08/01/2003, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Ordering of drugs and narcotics.

PURPOSE: To insure compliance with State of Louisiana controlled substance mandates.

SCOPE: Consultant pharmacist and all perioperative nursing personnel.

POLICY: The ordering of drugs and narcotics will be done in compliance with State mandates. The ordering, receiving and inventory will be monitored by the consultant pharmacist.

PROCEDURE:

A. DRUGS:

1. ORDERING

- a. To be done weekly and prn by the Pharmacy nurse.
- b. Pharmacy nurse will place all orders as needed and generate a PO from SIS.
- c. A copy of the order and PO is then placed in pending order folder to await receiving.

2. RECEIVING

- a. Drugs are received and checked in against packing slip, generic drugs check name in PDR to verify that it is the drug ordered. The packing slip is date stamped and initialed by the receiver.
- b. Place received items away, placing those with more advanced expiration dates to the back of the shelf.
- c. Review packing slip to PO to verify correct pricing and quantities received. Once verified, forward all copies attached to the materials manager.
- d. Back-ordered drugs will be shipped as soon as they arrive at the distributor.

B. NARCOTICS.

1. ORDERING

- a. Obtain narcotic form from pharmacy cabinet. Additional forms may be obtained from pharmacist. Forms are signed by pharmacist and a written request made to U.S. Department of Justice.

ORDERING OF DRUGS AND NARCOTICS

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Deleted: Staff nurses will record on purchase order those drugs which are needed.

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Deleted: transmit orders by computer directly to . vendor by drug order numbers.

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Deleted: Invoices and d

Deleted: from the courier to the Pharmacy area by the nurse in prep area or PACU.

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Deleted: invoice

Deleted: A sticker with purchase date and order number is placed on each unit.

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Deleted: When completed, sign and date both copies of the invoice sheets. Attach manufacturer's copy (top copy) of invoice to order and computer generated invoice.

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Deleted: f. Retain carbon for records in folder for appropriate year in order of date and class.

Deleted: shall be recorded on the next order sheet for reorder, unless B/O drug becomes a "special order" drug (which will be delivered within 3-10 days UPS).

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Greater New Orleans Surgery Center

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- b. Fill out form carefully with vendor's name, address, date of order, quantity and name of narcotic including dosage of ampule or tablet.
- c. Save "Purchaser's Copy" for narcotic files.
- d. Never destroy a DEA narcotic form. If a mistake is made, write "error" and file.
- e. Send a DEA 222 form with the DEA form.
- f. Place order in computer and obtain purchase order.

2. RECEIVING

- a. Follow same protocol and other drugs
- b. Place received items into double-locked narcotic box. Each box/item of narcotics must be signed in on Narcotics Control Log.

C. DELIVERY

1. Most non-narcotic drugs delivered from Curascipt will arrive the next morning after ordered, if the order was placed before 2:00 PM the day before.
2. Narcotics usually take 1-2 days to arrive from Curascipt.
3. Narcotics are ordered only after a DEA form has been filled out and signed by the pharmacist consultant. Order is picked up by the Amerisource Bergen courier.

D. INVENTORY

1. There will be a quarterly inventory of drugs including pharmacy, refrigerator, crash cart and anesthesia cart.
2. New drugs will be approved by the Medical Advisory/Governing Board, and then placed on the formulary.
3. Remove all expired drugs and replace with new ones as needed.

Deleted: Narcotics and invoice are received from courier in the pharmacy area by a nurse. The receiving nurse will sign courier's invoice and verify the correct number of doses of medication and confirm that all are in good condition.

Deleted: Check items against invoice, putting check mark next to corresponding item(s) and write in expiration date of item, date receive, amount received and initials.¶
c. .

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Deleted: d. . Attach manufacturer's white original copy to purchase order and the computer generated invoice. Verify the prices, quantities, and total charges. Once verified, forward to inventory control for data input.¶

e. Fill in date and amount of narcotic drugs received on Purchaser's Copy and write on Purchaser's Copy page number of drugs entered on narcotic drugs record. Attach carbon copy of invoice to Purchaser's Copy of narcotic order form and file in narcotic form file.¶

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ORDERING OF DRUGS AND NARCOTICS¶
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Page 3 of 3¶
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Deleted: 3. List drugs needed or expiring in the order book.¶
¶

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PHARMACY REFRIGERATOR

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Pharmacy refrigerator.

PURPOSE: For the storage of any perishable drugs.

SCOPE: All perioperative nursing personnel.

POLICY: A refrigerator shall be maintained within the pharmacy area for drug storage purposes.

GENERAL COMMENT: Food must not be stored in the pharmacy refrigerator.

PROCEDURE: Maintenance and inspection.

- A. Each day, the nursing personnel shall inspect the pharmacy refrigerator, observe the temperature registered on the thermometer and document the temperature.
- B. The ideal temperature shall be 41° F, with an acceptable range of 36° F to 46° F.
- C. If the temperature is ever found to be outside the acceptable range:
 - 1. Evaluate again in 30 minutes, then
 - 2. The maintenance department will be notified to promptly correct the problem.
 - 3. Call consultant pharmacist to evaluate drug stability.

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RECALL

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Recall.

PURPOSE: To ensure that all drugs, equipment, and supplies are up to recommended standards and safe for patient use.

SCOPE: All staff.

POLICY: As recall slips arrive in the facility, they will be checked against our products (drugs, equipment or supplies). Recalled products are tagged and removed from the facility as soon as possible, and the recall slips are placed in the Clinical Manager's office.

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PROCEDURE:

A. As recall slips arrive in the facility, staff will bring these to the attention of the Administrator or Clinical Manager.

Deleted: Nurse Manager

B. The recall slips will be checked against the products, verifying the recall numbers.

C. Products that match the recall numbers will be pulled, tagged, and returned to the appropriate company.

D. Recall slips will be marked with the action taken regarding the recalled products:

1. Returned to company and date returned.
2. Not applicable and date products checked.

E. Recall slips will be placed in recall book located in the Clinical Manager's office.

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Greater New Orleans Surgery Center

THE PHARMACY COMMITTEE

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Pharmacy committee.

PURPOSE: To ensure ongoing monitoring of pharmacy activities of the facility.

SCOPE: Medical Advisory/Governing Board and consulting pharmacist.

POLICY: The Medical Advisory Governing Board will provide the Pharmacy Committee function for the facility. The board meets on a quarterly basis and reviews the report prepared by consulting Pharmacist.

PROCEDURE:

- A. Surveillance of drug utilization policies and practices within the facility to insure minimal potential for hazard and optimal clinical results.
- B. The Committee is charged with assisting in the selection, procurement, storage, distribution, use, safety procedures and all matters pertaining to drugs in the Center.
- C. Serve in an advisory capacity to the medical staff and administration in all matters pertaining to drug use.
- D. Advise the medical staff and the pharmacy in the selection or choice of drugs which meet the most effective therapeutic quality standards.
- E. Develop a basic list of drugs (formulary) for use in the facility.
- F. Recommend additions or deletions to the above formulary of drugs accepted for use in the Center.
- G. Make recommendations for drugs and supplies to be stocked on crash carts.
- H. Study problems associated with the proper distribution and labeling of medications for patients.
- I. Study problems related to administration of medications.
- J. Review adverse reactions to drugs used in the Center.
- K. Assure that the policy and procedures manual for pharmacy service is current and correct.

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USE OF MULTIDOSE VIALS

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Use of multidose vials.

PURPOSE:

A. To insure that multidose vials are stored and dated for expiration.

B. To guarantee labeled potency up to the time of administration to the patient.

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SCOPE: All nurses.

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POLICY: The following guidelines shall be followed with regard to the use of multidose vials at the Surgery Center.

PROCEDURE: Guidelines:

- A. Multidose vials are to be opened/penetrated using strict aseptic technique.
- B. Multidose vials are to be dated and initialed when opened. Unless contamination is apparent or suspected, the vial may be reused until emptied or 30 days from the date opened.

Deleted: expiration date set by manufacturer is reached.

C. Single use vials are opened and discarded after one time use.

D. Recommended discard times for opened vials or solutions:

Eye drops (Stored at room temperature and refrigerated.)	30 days
IV Anectine drip	24 hours
IV tubing	24 hours
IV sets	24 hours
Irrigating solutions	24 hours

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