Subject: Patient Medication System (PYXIS)

Policy: The automated patient medication system (PMS) utilizes point-of-use technology to reduce medication errors, speed medication administration, and enhance documentation. The patient medication system at MMSC is the Pyxis Medstation Rx®. Specific procedures must be followed to ensure maximum system efficiency and safety.

Additional Information:
1. Authorized Access – Access will be strictly maintained to ensure adequate security for medications including controlled substances, to provide for proper documentation of medication use, and to assure confidentiality of patient data.
   1.1. Access to the PMS will only be granted to those areas where the employee commonly works. These codes will be entered into the PMS console by the PMS Pharmacy systems Manager (i.e., team leaders for Inpatient Care, Contract Management and medication systems, and Director of Pharmacy).
   1.2. Float or temporary nurses will be assigned a temporary password by individuals authorized by the Nurse Manager/Director to have temporary user creation privileges. Temporary codes require the user to choose a new password with the initial sign on. The temporary code is only valid for 12 hours from the time of issuance. The employee’s full last name, first name, and license classification (e.g., RN, LPN, etc.) are needed to add a temporary employee. Nursing students are not authorized to access the PMS.
   1.3. Physician/practitioner access will be granted when authorized by the area’s Nurse Manager/Director and approved by the Pharmacy systems Manager.
   1.4. Employees who have forgotten their password must be reentered into the system following the steps outlined in #1.1. (above). A temporary user ID may be assigned as outlined in 1.2 (above) until another permanent access code can be issued.
   1.5. The Pharmacy Systems Manager will be notified either by Personnel or the Nurse Manager/Director when an employee terminates or transfers permanently to another unit. The pharmacy systems manager will immediately revoke or change user privileges accordingly.
   1.6. Access Privileges
      Nursing privileges are determined by the Nurse Manager/Director and Pharmacy Systems Manager. Pharmacy privileges are determined by the Pharmacy Systems Manager.
      1.1. The following are the different station access privileges:
         1.1.1. Station log on/witness function – allows user to sign on to the system without access to any functions.
         1.1.2. Unscheduled medication access – allows user to remove, return, waste, and take inventory on noncontrolled medications.
1.1.3. Controlled substance medication access – allows user to remove, return, waste, and take inventory on controlled medications. Wastes and inventories require a witness.

1.1.4. Refill unscheduled medication – allows user to refill noncontrolled medications in the PMS.

1.1.5. Refill controlled substance medication – allows user to refill controlled medications in the PMS.

1.1.6. State system report access – allows user to access reports at the unit.

1.1.7. Independent count verification – allows user to independently verify inventory count.

1.1.8. Station temporary user creation.

1.1.9. Load unscheduled medication – allows user to load new noncontrolled medications into the PMS.

1.1.10. Load controlled substance medication – allows user to load new controlled medications into the PMS.

1.1.11. Independent discrepancy resolution – allows user to carry out the “resolve discrepancy” procedure without a witness.

1.2. The following are the different pharmacy console access privileges Medstation Rx.

1.2.1. Basic pharmacy computer access.

1.2.2. Profile order access.

1.2.3. User creation privilege.

1.2.4. Pharmacy manager privilege.

1.3. General Guidelines for assigning access privileges are as follows (based on descriptions in 1.6.1 and 1.6.2 (above):

1.3.1. Pharmacist (all except 1.6.2.3 & 1.6.2.4) (RX)

1.3.2. Pharmacy Technician (all except 1.6.2.2, 1.6.2.3 & 1.6.2.4) (RX)

1.3.3. Nurse – Staff – 1.6.1.1, 1.6.1.2, 1.6.1.3, and 1.6.1.6

1.3.4. Nurse – Charge – 1.6.1.1, 1.6.1.2, 1.6.1.3, 1.6.1.6 and 1.6.1.8

1.3.5. Physician/Practitioner – 1.6.1.1, 1.6.1.2, and 1.6.1.6

1.3.6. Pharmacy Systems Manager – All

1.4. User passwords automatically expire every six months and must be updated by the user at that time. User privileges will be annually reviewed by the Pharmacy systems Manager.

2. Medication Administration – For consistent use in accessing medications and maintaining related cords, the following procedure will be followed when obtaining medications for patients and performing all related activities.

2.1. To remove medications from the PMS, select “remove meds” option from the main menu. A list of current patients on the unit will appear.

2.2. Select the patient’s name for whom medications are needed. Press the first letter(s) of the last name to find a name quickly, or use the page down key. See section III (below) if the patient is not in the census.

2.3. Select the medication to be administered from the patient’s profile (using the generic name). Enter the first letter(s) of the medication name to find the medication quickly, or use the page down key. For Medstation RX stations, medication orders must first be entered into the CPSI system to be accessed.
unless the medication has been designated as overridable (see #4.1 below). The medications listed as overridable in the PMS do not represent the patient’s medication administration record (MAR). The MAR (or practitioner’s order) must be consulted prior to accessing the medication.

2.4. If the medication to be removed is a controlled substance, the PMS will allow you to waste part of the drug during the removal process. You will be prompted “will you be administering a full dose?” If you answer yes, then continue the medication removal process as described below. If you answer no, you will be asked for a witness and you will also need to enter the amount to be given to the patient. (See section 6 on wasting medications for additional information.) Only licensed personnel may serve as witnesses for controlled substances.

2.5. Enter the quantity needed for the dose to be administered, remove medication, and close the door. The inventory count must be verified prior to removing any medication. If the count is inaccurate, see section 7 on resolving discrepancies (below). Correct the count prior to removing the medication.

2.6. If multiple medications are to be removed at the same time, press the “enter” button after entering the quantity selection. Continue selecting medications and quantities for additional medications in the same manner. Up to 10 medications per patient may be selected at one time. Then, press the “Remove Meds” key. The appropriate drawer will open for each medication selected. Verify the count (controlled substance only), remove the medication, and close the drawer for each med.

2.7. If the display screen reads “med not available”, the medication count in the PMS is zero and needs to be refilled. Pharmacy personnel will receive notification of the “Stockout” and refill the medication. (See section 9 for additional information.)

2.8. If the medication is not listed in the PMS profile, the following may apply:

2..1. The order has not been entered into the CPSI computer by the pharmacist. Check to see if the order has been sent/FAXed (see Appendix B for FAX guidelines).

2..2. It is a non-PMS medication located in the patient’s medication bin in the auxiliary cabinet or cart. The “patient’s medications” include non-standard doses and multidose items (e.g., eye drops). To access the patient’s medication bin in the auxiliary cabinet:

2..2.1. Select “Remove Meds”.
2..2.2. Select a patient.
2..2.3. Select “Override Meds”.
2..2.4. Enter “P”.
2..2.5. Select “Patient’s Meds”.
2..2.6. Enter “1” for number of items.
2..2.7. Select “Remove Meds” and auxiliary door will open.
2..2.8. Select “Cancel Removal”.
2..2.9. Remove the items you are looking for and close the door.

2..3. It is in the unit’s medication room/refrigerator (i.e., parenterals from IV Therapy).
2.9. If a multi-dose item is removed from the PMS, label the item with the patient’s name and date and return it to the patient’s medication bin for future use. Only access another multi-dose item from the PMS drawer when the patient runs out of this supply as the patient will be charged for each item removed from the PMS (not from the “Patient’s Meds” bin).

2.10. If the display screen reads “Remote Stock”, continue with the transaction per routine including inventory counts. The item is located in the area’s medication refrigerator. For units with more than one station, the remote stock will be located in the “A” station.

2.11. If the display screen reads “Med Not Loaded” it will be loaded with the next pharmacy load or continue to be available from the patient’s medication bin (non-PMS meds). Initial doses should be available in the patient’s medication bin. (See Section 9 for additional information).

2.12. Log off the system after all transactions (Quit key).

2.13. Document administration in CPSI.

3. Entering Patient Information
   3.1. The patient’s name should appear on the PMS census list. This information is available from the Admission/Discharge/Transfer interface.

   3.2. If the patient is not on the PMS census list, select “Remove Meds” function. At the Pick-a-Patient screen, select “Add Pt”. The patient is added by entering LAST NAME, FIRST NAME, and hospital account number (if known). If patient is unknown use a unique identifier.

4. Override Function
   4.1. A limited number of medications have been approved by the medical staff, pharmacy, and nursing for which the override function will be available regardless of the patient’s medication profile in the CPSI computer. (See Appendix C for override list.)

   4.2. Criteria necessitating an override:
     4.2.1. Delay in administration would compromise the patient’s health.
     4.2.2. Delay in administration would cause unnecessary suffering and discomfort for the patient.

   4.3. If the medication is needed and the drug is available as an override medication, the nurse should:
     4.3.1. Verify selection of the correct patient.
     4.3.2. Check for the medication under an alternate (generic) name.
     4.3.3. Re-check the medication order using the practitioner’s order or the MAR.
     4.3.4. Verify that the medication order has not expired.
     4.3.5. Have another nurse double-check the medication.

   4.4. If the above information has been verified and the override-approved drug is needed, select “Override Meds” from the “Remove Meds” function (as described in 4.2. above).

   4.5. If the override function is not available for the needed medication, the nurse should expedite the normal order entry procedure to facilitate availability of the drug. This includes FAXing all nows/STATS to the pharmacy for rapid order entry.
4.6. Pharmacist review of all new orders and override medications obtained is required within 24 hrs.

5. Returning Medications
   5.1. Any medication that is removed from the PMS that is in its original container (not opened) and will not be administered to a patient for whatever reason will be returned to the PMS “Return Bin”. To do this, select the “Procedures” option on the Main Menu and select the “Return” option (see Pyxis MedStation Manual for additional information). A witness is required for returning a controlled substance. Place the item in the return bin and rotate the roller so the items drop into the bin and can no longer be accessed.
   5.2. Return large items that do not fit into the return bin (e.g., PCA, Morphine drips, etc.) to the unit’s locked cabinet/cart. Place a receipt or note with the item name, date, and employee signature on it and place it in the return bin.
   5.3. Pharmacy personnel are responsible for emptying the return bin at least weekly. (See 14.1)
   5.4. If the medication package is not intact, the dose should be wasted and not returned to the return bin. (See Wasting medications, 6 below).

6. Wasting Medications
   6.1. If all (not in original sealed container) or part of a controlled substance is to be wasted, select the “Waste” option under the “Procedures” selection. Two nurses are required for wasting all controlled substances.
      6.1.1. Sign on and select “Procedures”.
      6.1.2. Select “Waste Med”.
      6.1.3. Select the medication to be wasted.
      6.1.4. Indicate the amount that was administered (e.g., 4 mg).
      6.1.5. Acquire the assistance of a witness, who will enter ID and password.
      6.1.6. The witness should review and verify the entered waste transaction on the screen before proceeding.
   6.2. The documentation of the wastage should be completed at the time the controlled substance is wasted.
   6.3. If total dose is wasted, enter 0 given and type a short reason why medication is being wasted (e.g., dropped on floor, patient refused, etc.).
   6.4. Unused medications should be wasted by flushing in a sink or drain and witnessed by both persons.
   6.5. Documentation of controlled substance wastage for PCA syringes will occur on the CDR as described in section 9.1 (below).

7. Discrepancies
   7.1. A discrepancy occurs when the physical count does not match the displayed count from the PMS. Discrepancies may be identified during the change of shift discrepancy report, inventory, refilling, or at any time when a nurse removes medication for a patient.
   7.2. At the conclusion of each shift (at least 1 hour before the shift change), the charge nurse is responsible for printing a discrepancy report from the PMS.
      7.2.1. Select “Procedures”.
      7.2.2. Select “Reports”.
      7.2.3. Select “Discrepancies”.

The report will list the individual user’s discrepancies, the medication in question, description of the problem, and the name of the person who last accessed that drug.

7.3. An attempt should be made to resolve all noncontrolled discrepancies.

7.4. All controlled substance discrepancies must be immediately reported to the charge nurse. Policy must be followed for all controlled substance discrepancies, including the completion of variance report form as appropriate. The PMS discrepancy transaction slip must be attached to the variance report form and delivered to the Performance Improvement Department for follow-up.

7.5. To document the discrepancy type in the PMS:
   7.5.1. Select “Procedures”.
   7.5.2. Select “Resolve Discrepancies”.
   7.5.3. Select “Other” and enter the appropriate discrepancy code (see Appendix D).

8. Inventory Count
   8.1. Controlled substances will be inventoried by pharmacy personnel after a discrepancy unless otherwise arranged with the Pharmacy Systems Manager. The inventory counts will be performed by two pharmacy staff members or a pharmacist and nurse.

8.2. At least every three months, expiration dates will be checked by pharmacy personnel.

8.3. Medications are also inventoried (count verified) during each transaction when medications are removed or added to the PMS.

9. Out of Stock and Nonstocked Medications
   9.1. Controlled substances:
      9.1.1. Day Shift – technicians manage all refills, stockouts, and loads in the PMS stations.
      9.1.2. Evening and Night Shift Stockouts
         9.1.2.1. Central pharmacist will remove controlled substances from the narcotic vault.
         9.1.2.2. Central technicians refill the stockout at the station and obtain the transaction receipt.
         9.1.2.3. Central pharmacist verifies that the correct medication and quantity has been refilled at the correct station.
      9.1.3. Evening and Night Shift Loads
         9.1.3.1. Pharmacist loads the controlled substance at the PMS console in an appropriate carousel drawer. The pharmacist is responsible for verifying that the controlled substance will be loaded in a carousel drawer.
         9.1.3.2. A pharmacist obtains the controlled substance for the load from the narcotic vault.
         9.1.3.3. Technician loads the controlled substance at the station and obtains the transaction receipt.
         9.1.3.4. Pharmacist verifies that the correct medication and quantity has been refilled at the correct station.
9.1.4. Controlled substances issued to nursing units without a PMS station or for non-Pyxis medications, documentation is performed on a Controlled Drug Record and requires the nurse’s signature. After use, the CDR is returned to the pharmacy.

9.1.5. All controlled substances issued manually with the Controlled Drug Record must be stored in a locked controlled substance cabinet or cart on the nursing unit. All documentation and wastage will be recorded on the CDR. Pharmacy personnel will document the addition of the controlled substance and their signature on the nursing unit’s CDR.

9.1.6. The monitoring of refills and loads of controlled substances by technicians will be performed daily (Monday-Friday) by a Pharmacist by comparing the narcotic vault removals to the Refill/Load station report. Any discrepancies will be investigated and documented.

9.2. Noncontrolled Substances:

9.2.1. Pharmacy personnel will be responsible for replacing out of stock items.

9.2.2. Loading new items will be performed at least once a week. See Appendix E for Loading Procedures.

9.2.3. Inventory levels will be checked daily by printing the “Refill” report from the pharmacy console. These medications will be delivered ad refilled into the PMS by pharmacy personnel. This is accomplished by selecting “Procedures” from the main menu and then selecting “Refill” (see Pyxis Medstation Manual for additional information). The inventory count must remain accurate during this transaction.

9.2.4. Non-PMS items and first issue items for meds not in the PMS will be dispensed to the patient’s medication bin. Non-PMS items (e.g., extemporaneously prepared items, nonstandard doses, etc.) will be dispensed daily using the CPSI cart fill list. For additional information see the section on the “Patient’s Medication” bin (Section 2.8), and Appendix E.

9.3. Nonstocked noncontrolled substances in the ED will be obtained from the pharmacy

9.4. Stock and inventory level changes stored in the PMS will be based on usage and may be subject to approval.

10. Replacing Transaction Paper
Replacement rolls of paper will be stored in the PMS. To remove the paper select “Remove Meds” from the Main Menu. Select any patient, select override meds, enter “P”, and select “paper”. There is no charge to the patient for this transaction. However, the item must be accessed and inventoried like any med item to ensure it is replaced when used.

11. Downtime Procedures
11.1. The PMS should be connected to the hospital’s emergency power system with a 4-minute battery backup installed in the PMS unit.

11.2. In the event the pharmacy console is without power, a pharmacist must immediately contact the Pyxis Service Center for instructions on shut down procedures on the Pharmacy console. The PMS units will automatically shut themselves down.
11.3. If it becomes necessary to manually open the PMS on the unit, a pharmacist must be contacted. The keys to open the PMS will be stored in the central pharmacy controlled substance PMS. If deemed necessary by the pharmacist and charge nurse, the PMS will be opened using the following guidelines based on the length of the power outage.

11.3.1. Noncontrolled substances: The drawers will remain open and disposition and charging will be performed manually using the PMS manual charging form (Appendix F). When the PMS becomes operational, charging and inventory count corrections should be based on the following criteria:

11.3.1.1. Scenario 1: Only 1 unit for a limited period of time, and a pharmacist is present during the entire downtime. Noncontrolled medications which have been administered should be entered into the PMS to correct the count and charge the patient.

11.3.1.2. Scenario 2: Any other down-time situation. All noncontrolled medications are inventoried by Pharmacy personnel. When resolving discrepancies, select “other” and free form “PMS down”. Charging will be done from the PMS manual charging form by Pharmacy personnel.

11.3.2. Controlled substances: The drawers will be opened and all or the most commonly prescribed drugs will be transferred to a locked cabinet. Inventory will be transcribed on the CDR. Any remaining controlled substances in the PMS will be relocked. When the PMS becomes operational, the pharmacist and a nurse will use the inventory function to correct the count (creates a discrepancy if any of the medication has been used) and simultaneously return the medication to the PMS unit. To resolve these discrepancies, documentation will be verified on the CDR; the category “other” should be selected and the comment “see CDR” free-formed in. Charging will be done manually from the CDR by Pharmacy personnel.

11.4. Power Down:
In the event the PMS stations have a blank screen or the message “System Shut Down” on the screen, the PMS station should be unplugged until the screen becomes bank (approximately 5 minutes) then plugged back into the electrical outlet. If the PMS system does not power-up, nursing personnel must contact a pharmacist.

11.5. Interface down, Pyxis Available:

11.5.1. New Orders: dispense a sufficient supply to last until the time determined by the inpatient team leader or designee. Delivery medications to the patient medication bins in Pyxis or the refrigerator, as appropriate.

11.5.2. New patients: dispense a sufficient supply to last until the time determined by the inpatient team leader or designee. Patients must be entered into the PMS as a temporary patient until the interface is operational and the census is up to date.

11.5.3. Loads: Loads will be performed per routine.

11.5.4. Refills: Refills will be performed per routine.
12. Reports
   12.1. Nurse managers may request special reports from the Pharmacy Systems Manager. These reports can be classified by: medication removal, nurse, witness, or discrepancies. (See section 14 for additional pharmacy reports.)
   12.2. Weekly reports of inventory for each specific Pyxis and for Hospital-wide will be issued in notebooks placed on each Pyxis.

13. Troubleshooting
   13.1. Use the following steps to help solve problems occurring with the PMS:
      13.1.2. Direct the questions to the unit resource nurse of a pharmacist.
   13.2. The following guidelines may help to solve the most common problems encountered with the PMS.
      13.2.1. Wrong Medication/Incorrect dose is selected and drawer is open.
         13.2.1.1. Confirm count.
         13.2.1.2. Press “Cancel”.
         13.2.1.3. DO NOT TAKE MEDICATION.
         13.2.1.4. Close drawer.
         13.2.1.5. Repeat “Remove Meds” selecting correct drug and/or dose.
      13.2.2. Wrong medication is removed and transaction completed.
         13.2.2.1. Return medication using “Return Meds” procedure. This will credit the patient for the item that was charged inappropriately.
         13.2.2.2. Repeat “Remove meds” procedure selecting correct patient.
      13.2.3. Wrong patient is selected and transaction completed.
         13.2.3.1. Return medication using “Return Meds” procedure. This will credit the patient for the item that was charged inappropriately.
         13.2.3.2. Repeat “Remove Meds” procedure selecting correct medication.
      13.2.4. Drawer closed before removing medication.
         13.2.4.1. Choose the same patient and medication.
         13.2.4.2. Confirm count.
         13.2.4.3. Press “cancel”.
         13.2.4.4. Remove medication you forgot previously.
         13.2.4.5. Close drawer.
      13.2.5. Recovering a jammed drawer.
         13.2.5.1. Press “Recover Drawer” option.
         13.2.5.2. Select the drawer you want to recover. Note: A witness is required for controlled substances.
         13.2.5.3. Fully extend the drawer and release the cover.
         13.2.5.4. Check medications in each pocket to make sure none protrude above the top
         13.2.5.5. Close drawer and Press “Done”.
         13.2.5.6. If the recovery is successful, the drawer will reopen and you are required to perform an inventory count of each pocket.
14. Pharmacy Functions
   14.1.1. At least once a week, the return bin for each PMS must be processed by pharmacy personnel.
   14.1.2. Print a “Returns and Waste” report by medication from the Console for each nursing unit. Select “Report Generation”, “Activities”, then “Returns and Waste Report”. Enter the dates from the last return bin processing date to the present.
   14.1.3. At the PMS, select “Procedures”, “Load/Unload/Empty”, the “Empty Return Bin”. Use the return bin key to open the bin and empty the contents. Re-lock the bin and close the drawer. Remove any returns from the unit’s locked cabinet as required.
   14.1.4. Compare the Returns and Waste Report with the actual contents of the return bin. If necessary, reconcile discrepancies with the Nurse Manager/Director’s assistance.

14.2. Reports – See Appendix G for APMS Batched Report Print Times:
   14.2.1. Pick and Delivery – Controlled Substances: This report prints daily in the morning and an additional refill for intensive care units prints in the afternoons. It lists per nursing unit controlled substances at or below par. The pharmacy technicians use this report to restock controlled substances in the PMS.
   14.2.2. Pick and Delivery – Noncontrolled Substances: This report prints daily as scheduled based on drug usage. It lists per nursing unit all noncontrolled substances at or below par. The pharmacy technicians use this report to restock noncontrolled substances in the PMS.
   14.2.3. Loading and Unloading Report: This report prints daily. It lists per individual all loads and unloads of controlled substances. It is used by the pharmacy personnel to assure that the controlled substances were handled appropriately.
   14.2.4. Medications Ordered and Not Loaded Report: This report prints at least three times a day. The pharmacy technician uses this report in conjunction with the guidelines outlined in Appendix E to load the medications in the PMS.
   14.2.5. Discrepancy and Open Discrepancy Report: This report prints daily. It lists per nursing unit all controlled substance discrepancies. It is used by the pharmacist when investigating the discrepancy and assuring that the discrepancy reason is valid.
   14.2.6. Charges and Credits: This report prints daily. All temporary patient charges appear on this report. The pharmacy technician will use this report to manually charge the patient’s account.
### APPENDIX A
Patient Medication System

<table>
<thead>
<tr>
<th>Employee’s Name (max 20 characters):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification (login ID):</td>
</tr>
<tr>
<td>Initial Password will be NEW. You will be required to change your password when logging on the first time.</td>
</tr>
<tr>
<td>Position (circle): Nurse Pharmacist Pharmacy Technician Other—specify:</td>
</tr>
<tr>
<td>Practice Area/Nursing Unit:</td>
</tr>
</tbody>
</table>

#### PASSWORD VERIFICATION STATEMENT

Please read below and sign at the bottom to verify that you have read and understand the following statements:

*I have indicated above my preferred ID for the Patient Medication System. I understand that my password in combination with my ID code will be my electronic signature for all transactions on the system, for both controlled substances and patient care record keeping purposes. A time stamp and date will also be affixed to my transactions. These records will be maintained and archived as per policies of _____ and will be available for inspection by the Drug Enforcement Agency (DEA) and the State Board of Pharmacy.*

*I also understand that to maintain the integrity of my electronic signature, I must not and will not give this password to any other individual. Unauthorized access, release, or dissemination of this information may subject me to disciplinary action. I will change my password when I feel the need to ensure the integrity of my electronic signature.*

Employee Signature __________________________________________ Date __________________

User Access AUTHORIZED BY ____________________________________ Date ________________
Signature and Title

#### TEMPORARY USER CREATION PRIVILEGES

*Temporary User Creation Privileges are given to charge nurses and individuals authorized by the Nurse Manager. Individuals authorized for this privilege have the responsibility for assuring accuracy in entering full names and titles of individuals for institutional and Drug Enforcement Agency (DEA) records. The above named employee has been authorized to have Temporary User Creation Privileges.*

Signature Nurse Manager/Director ________________________________ Date ________________

Please return completed form to the Pharmacy Systems Manager, Department of Pharmacy.
Pharmacy Systems Manager Approval/Date ________________________________________________
rev 2/97
APPENDIX B

Guidelines for FAX Machine Utilization

A. FAXed items should meet the following requirements:
   1. Practitioner orders medication “STAT” or “NOW”.
   2. Medication Administration Record (MAR) Reconciliation of discrepancy (e.g., practitioner’s order clarifying MAR discrepancy).
   3. If in the nurse’s opinion, delay of administration would adversely affect the patient.

B. Nursing personnel should indicate on the order the words “FAXed”. All FAXed items should be accompanied by a phone call describing the situation.
APPENDIX C
Override List

Note: All medications may not be available on all units.

Albuterol nebs
Ativan – IV
Atrovent nebs
Benadryl
Digoxin – IV
Furosemide – IV
Glucagon
Morphine
Nitroglycerin SL
Nitro-paste
Phenergan
Toradol
APPENDIX D
MMSC Discrepancy Codes

Refer to the MMSC Patient medication System (PMS) and Controlled Substance Discrepancy policies for the proper use of these discrepancy codes. They are used when resolving controlled substance discrepancies in the PMS. The “code number” is entered in the “comment field.”

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>User with prior access selected 1, actually withdrew 2.</td>
</tr>
<tr>
<td>2</td>
<td>User with prior access selected 2, actually withdrew 1.</td>
</tr>
<tr>
<td>3</td>
<td>User with prior access cancelled removal, then withdrew med.</td>
</tr>
<tr>
<td>4</td>
<td>User did not use “refill” function when restocking a med.</td>
</tr>
<tr>
<td>5</td>
<td>User removed a refrigerated med without using Pyxis.</td>
</tr>
<tr>
<td>6</td>
<td>User with prior access entered “mg” dose instead of qty.</td>
</tr>
<tr>
<td>7</td>
<td>Loss of liquid med d/t inaccuracy of container or spillage.</td>
</tr>
<tr>
<td>8</td>
<td>Followup required – unresolvable.</td>
</tr>
</tbody>
</table>
1. A medication label will print during order entry for medications not in the specific unit’s PMS. Enough medications should be sent to last until the next cart fill. Multiple dose items not loaded in the unit’s PMS will be dispensed on demand (traditional/demand item) unless specifically requested by the pharmacist to be loaded.

2. A report titled “Medications Ordered, but Not Loaded” will automatically print at the console printer at the following times: 0645, 1300, 1900. Medications characterized as “PMS Medications” will appear on this report with a checkmark next to the drug name. If it is not a “PMS Med” the drug will not appear in this report. Items on this report will be loaded into the system following the procedures outlined in # 3 and 4 below except for the following circumstances:
   - The date and time of the item is not the current date and time.
   - It is a multi-dose item (traditional/demand item – first dose dispensed with order entry).

3. Loading a medication from the Medications Ordered, but Not Loaded Report includes loading at the console, and loading the medication at the Nursing Medstation as described below:
   a. Load medication at the PMS console (in pharmacy):
      1. Log on
      2. Select Inventory. Press Enter.
      3. Use arrows to select Medstation, Enter.
      4. Look for empty pockets.
      5. Determine appropriate pocket size using the grid information.
      6. Use arrows to select Drawer, Enter.
      7. Use arrows to select Pocket.
      8. Select New Med (F5).
      9. Use arrows or enter name to select a medication, Enter.
      10. Enter Full, Par, Current Levels, Enter. (In general, the full amount would be a 3-4 day supply and par would be half that amount.)
      11. Press Accept Work (F7).
      Note: When loading a medication in a pocket that already has a medication in it; the new medication will be in gray type below loaded medication (yellow type). When the new medication is loaded at the Medstation Rx, the unloaded medication is removed from the console and the new medication takes its place (yellow type).
   b. Pull the desired medications.
   c. Items are checked by a pharmacist prior to dispensing.
   d. Load medication at the PMS (on the nursing unit):
      1. Log on to the Medstation Rx.
      2. Press Procedures.
      3. Press Load Medstation.
      5. Select medication to be loaded.
      6. If the pocket contains another drug (needs to be unloaded), answer Yes to Unload Pocket Now? (Existing medication and current count must be unloaded first, if applicable.)
      7. Verify count and unload med. Press a key to continue.
      8. Verify new medication Load quantity. Load into pocket and closer drawer.
   e. Correct patient’s profile:
      Change specific patient’s medication from unit dose to floor stock. This can be done by either the pharmacist or technician after the order has been entered by revising the dispensing method from unit dose or traditional to floorstock.

4. It may be necessary to unload an existing medication that is not being used in the station if there isn’t enough room to load a new medication. To find out which medications are not being used by the specific unit, run the following report: Medications Loaded, but Not Ordered. All meds listed as “standard stock” should not be removed. In addition to unloading the drug at the unit, it will also require that the medication be changed in the CPSI computer under Formulary Maintenance from Floorstock to Unit Dose.

5. Non-PMS medications will be dispensed through cart fill, IV delivery, or as a traditional/demand item. Cart fill items will primarily be extemporaneous items without a charge code for the specified dose (e.g., chlorathiazide suspension 2.7mg). All controlled substances must be loaded for documentation purposes.

6. The Patient’s Medication bin must be checked daily for the removal of medications for discharged patients and medications that have previously been loaded into the PMS.
<table>
<thead>
<tr>
<th>PATIENT'S NAME</th>
<th>ACCOUNT #</th>
<th>MEDICATION NAME AND STRENGTH</th>
<th>DOSAGE FORM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
# APPENDIX G
## Batched Report Print Times

### Noncontrolled Medications

<table>
<thead>
<tr>
<th>Time</th>
<th>Report Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>0430</td>
<td>Refill Report (all areas)</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0530</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0930</td>
<td>Charges/Credits (temporary patients)</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1200</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1430</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1500</td>
<td>Refill Report (all areas)</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1700</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>2130</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
</tbody>
</table>

### Controlled Medications

<table>
<thead>
<tr>
<th>Time</th>
<th>Report Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>0630</td>
<td>Refill Report (all areas)</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0700</td>
<td>Discrepancies</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0730</td>
<td>Open Discrepancies</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0830</td>
<td>Loading/Unloading Activities</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>0900</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1445</td>
<td>Refill Report (ER controlled substances)</td>
<td>Medstation Rx</td>
</tr>
<tr>
<td>1500</td>
<td>Ordered Medications Not Loaded</td>
<td>Medstation Rx</td>
</tr>
</tbody>
</table>