Department Policy

Code: D: MM-5705

Entity: Fairview Health Services

Department: Home Infusion

Manual: Policies & Procedures

Category:	**Medication Management**
Subject:	High Risk Medications
Purpose:	To provide for the safety of procurement, storage, preparation, dispensing and administration of high risk medications
Definitions:	High risk medications and high risk administration techniques are those that have been shown to actually, or potentially, cause severe injury or death in the event of an error. High risk medications and high risk administration techniques may be identified through retrospective review of our experience, the experience and recommendations of others, or prospective analysis of medications and administration techniques.
Policy:	I. The FHI Clinical Safety Committee will designate medications that are high risk. II. Specific procedures will be developed to ensure safe utilization of high-risk medications, including procedures relating to prescribing, dispensing, administration, and monitoring. III. All high risk medications administered via continuous intravenous infusion will be administered utilizing an infusion control device.
List of high risk medications/ infusions:	I. Chemotherapy II. Epidural and Intrathecal infusions III. Insulin IV. Concentrated sodium and potassium V. Opioids VI. Inotropes: Dopamine, milrinone, and dobutamine VII. Promethazine

	VIII. Home Parenteral Nutrition (HPN) IX. Immunoglobulin X. Enzyme Replacement Therapy XI. REMS Program Medications: Natalizumab (Tysabri®) and Alemtuzumab (Lemtrada®), XII. Monoclonal Antibodies XIII. Combination therapy of vancomycin and Zosyn (piperacillin-tazobactam) XIV. Look Alike / Sound Alike Drugs
Specific Procedures:	I. Chemotherapy A. Refer to FHI Policy Chemotherapy and FPS policy Stage Checking for additional information. II. Epidural and intrathecal infusions A. Refer to FHI Policy Intraspinal Access – Device Management/ Medication Administration, for complete precautions. III. Insulin A. Long acting insulin will not be available. B. Regular insulin will be dispensed in pre-drawn syringes for addition to HPN. IV. Concentrated sodium and potassium A. Concentrated sodium chloride and potassium chloride will be stocked in one concentration and all compounding templates will utilize the standard concentration. 1. If patient specific factors require that a nonstandard concentration be used, the drug will be separated in inventory and a note will be used in the computer to highlight the "non-standard concentration". V. Refer to FPS policy Stage Checking for additional information. Opioids A. Refer to System Policy Pain Management, for complete precautions. B. Refer to Department Policy Pain Management. C. The access port on any opioid IV bag will be sealed with a tamper-evident port cap. D. Multiple references exist and may be utilized as a guide for any opioid to opioid , or dosage form conversions. One reference is the Fairview Opioid Medication Conversions.

VI. Inotropes (dopamine, milrinone, and dobutamine)

A. A central vascular access device is preferred for administration of inotropes. Administration via an extended dwell peripheral catheter (Midline) may be done if short term and patient has adequate peripheral access.

B. Inotropes must be administered with an electronic infusion pump.

C. Continuous infusions of inotropes will not be flushed with normal saline between bag changes

D. The preferred method for obtaining lab specimens is to use a non-infusing lumen or peripheral site. If labs must be drawn from the lumen where the inotrope is infusing a discard must be drawn prior to flushing with normal saline to avoid a bolus of medication to the patient.

E. Any patient requiring a continuous infusion will have a programmed back-up infusion pump and two medication bags in the home at all times.

VII. Promethazine

A. Promethazine can only be given via a central line.

B. Promethazine should be diluted in a minimum of 10 – 20ml of normal saline and administered slowly over a minimum of 10 – 15 minutes.

VIII. Home Parenteral Nutrition (HPN)

A. Refer to FHI Policy Parenteral Nutrition, for complete precautions.

IX. Immune Globulin

A. Refer to FHI Policy Immune Gamma Globulin, for complete precautions.

X. Enzyme Replacement Therapy

A. Refer to FHI Policy Enzyme Replacement Therapy, for complete precautions.

XI. REMS Program Medications: natalizumab (Tysabri®) and alemtuzumab (Lemtrada®)

A. Infusions require a nurse to be present for the infusion. Vital sign requirements will be indicated in the prescriber orders/care plan.

B. All patients receiving natalizumab and alemtuzumab must be registered in the appropriate REMS program:

1. These therapies are not approved for home administration.

2. A pre-infusion checklist must be completed prior

	to each infusion; the completed form is stored in the patient's medical record. 3. Information contained in the pre-infusion checklist must be submitted to the appropriate REMS program administrator within 24 hours of administering each infusion or the next business day for weekend infusions. 4. See policy REMS Programs: Compliance with FDA-mandated REMS Programs for additional information. XII. Monoclonal Antibodies A. Do not flush the BLINCYTO infusion line or intravenous catheter, especially when changing infusion bags. Flushing when changing bags or at completion of infusion can result in excess dosage and complications thereof. When administering via a multi-lumen venous catheter, BLINCYTO should be infused through a dedicated lumen. B. Treatment cannot be interrupted for 4 or more hours. Otherwise, therapy must be reinitiated. XIII. Combination therapy of vancomycin and Zosyn (piperacillin-tazobactam) A. Vancomycin plus Zosyn may cause an increase in serum creatinine and possibly result in acute renal failure. B. Monitoring may include: 1. Twice weekly BUN and creatinine 2. Monitoring of culture and sensitivity results 3. Patient assessment for signs and symptoms of renal failure XIV. Look Alike / Sound Alike Medications A. The Clinical Safety Committee will review the Look Alike/Sound Alike medication list on an annual basis. B. Look Alike/Sound Alike medications will be differentiated by the following methods: 1. Use of tall-man lettering on storage shelving 2. Separation of product
External Ref:	
Internal Ref:	Administration of Medications for Home Infusion Patients Compounding Records for Medication Preparation

	Initiation of Parenteral Drug Therapy (First Dose) in the Home
Source:	FHI Clinical Managers, Quality Department
Approved by:	Director of Operations, Medical Directors
Date Effective:	7/2009
Date Revised:	2/2011, 8/2012, 9/2013, 8/2014, 2/2017, 2/2018, 6/2020
Date Reviewed:	2/2011, 8/2012, 9/2013, 8/2014, 2/2017, 2/2018, 6/2020