Joint Commission Medication Management Education

UPHS-Marquette
Pharmacy Department
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Joint Commission (JC) Survey 2015

• Medication Management JC Standards cited
  – MM.04.01.01: Medication orders are clear and accurate.
  – MM.06.01.01: The hospital safely administers medications.
Joint Commission (JC) Survey 2015

- Surveyor Observations:
  - Pain medication orders written for Oxycodone 10mg every 4 hours as needed for pain and acetaminophen 650mg every 4 hours as needed for pain.
  - The patient had an order for "Propofol IV titrate for light sedation".
  - The patient had an order for "Levophed titrate for MAP >65 usual dose 2 to 12 mcg/min Max dose 30 mcg/min".
  - In the NICU a telephone order to initiate Dobutamine was written as: "start at 5 mcg/kg/min and titrate to improve perfusion up to 10 mcg/kg/min."
  - The patient had a telephone order for "Post op cardiothoracic and vascular surgical medication" initiated, faxed, and placed on the chart. This order set contained 17 different medication orders which contained PRN orders without an indication, therapeutic duplications, and range orders that were not defined for administration.
Corrective Action Plan

• Result: Direct-impact findings

• Implementation of corrective actions
  – Safe Medication Practices policy revisions
  – Education
  – Order set development/revisions and hard-wiring

• Ongoing audits to demonstrate compliance
Dose ranges: When the order includes a dose range, the nurse will administer the medication initially using the lowest dose ordered. Acceptable dose ranges are those where the maximum dose is no more than 2 times the lowest dose in the range. Exception: opioids which may be up to 4 times the lowest dose. The dose may be repeated at intervals defined as every 30 minutes for injectable medications or 60 minutes for oral medications unless defined otherwise by the provider. This may be repeated no more frequently than defined in the order.

Frequency ranges: When the order includes a frequency range, the order shall be treated as if it is written at the lower limit of the ordered range. For example, an order for morphine sulfate 2 mg IV every 4-6 hours PRN severe pain shall be interpreted as every 4 hours PRN severe pain.

Route ranges: If the patient is taking oral medication or oral intake without complications, the nurse will give oral medications unless the medication is only dispensed in injectable form. Medication will be given intravenously or intramuscularly until the patient is taking fluids by mouth without complications. Intravenous is the preferred route of administration for orders written as “intramuscularly or intravenously”. The nurse’s assessment of the patient may act as an exception. Factors such as the condition and function of the gastrointestinal tract, allergies, and the patient’s preference of ordered medications might influence the route of administration.
Safe Medication Practices (#100-170): Recent Revisions

• **PRN orders**: Pro re nata (PRN) orders must be written to include the symptom or indication for use (i.e., PRN pain; PRN fever). PRN orders without an indication that are submitted to pharmacy will require clarification. Furthermore, PRN pain orders should include a pain intensity scale such as the Numerical scale (mild pain rated as 1 to 3, moderate pain rated as 4 to 6, severe pain rated as 7 to 10).

• **Therapeutic duplication**: Medication orders resulting in therapeutic duplication are not permitted without accompanying clarification including when each medication is to be administered, such as priority, sequence, and/or patient condition for use. New orders for the same medication submitted for the same indication will be processed as change orders and will override the previous order, including dose, route, and frequency changes. If duplicate orders are written, the provider will be contacted for clarification. If clarification is not obtainable in a timely manner, the order will be transcribed to the medication administration record as a CPOE protocol order which will require the provider to authenticate. The priority sequence (i.e., first choice, second choice, third choice) will be determined by the sequence in which the orders are written.

• **Titration orders**: Titration orders should have clearly defined parameters for beginning (i.e., initiate infusion at 5 mcg/kg/min), adjustments (i.e., titrate by 5 mcg/kg/min every 5 minutes as needed to goal sedation), dose limits (i.e., notify provider for doses greater than 80 mcg/kg/min), and goal parameters (i.e., titrate to RASS goal of -1 to -2). If the order states "per protocol", there must be a protocol established. If more than one protocol exists for a particular therapy, the specific protocol must be referenced in the order.
Safe Medication Practices (#100-170)

• Dose range examples:
  – **Example 1**: an order for morphine 2-8 mg IV every 3 hours PRN severe pain may be given as an initial dose of 2 mg. If symptoms persist before the next dose without the presence of adverse effects, the dose can be repeated in 30 minutes. This can be repeated as necessary until the maximum amount of 8 mg is administered within the 3 hour frequency. Additional doses or dose increments other than 2 mg would require additional orders from a provider.
  – **Example 2**: an order for acetaminophen/hydrocodone 325mg/5mg (Norco) 1-2 tablets PO every 6 hours PRN moderate pain may be given as an initial dose of 1 tablet. If symptoms persist before the next dose without the presence of adverse effects, the dose can be repeated in 60 minutes. Additional doses or dose increments other than 1 tablet would require additional orders from a provider.

• MAR order comments revised:
  – Revised to provide more specific direction on the interpretation of range dose orders and to reflect the elimination of range frequencies.
  – **Previous**: START BY USING THE LOWEST DOSAGE AT THE LONGEST INTERVAL FOR THE FIRST DOSE ADMINISTRATION. IF INEFFECTIVE, INCREASE DOSE OR DECREASE INTERVAL UNTIL EFFECTIVE OR MAXIMUM ORDER PARAMETERS ATTAINED.
  – **Revised**: START BY USING THE LOWEST DOSAGE FOR THE FIRST DOSE ADMINISTRATION. IF INEFFECTIVE, INCREASE DOSE EVERY 30 MINUTES FOR INJECTIONS OR 60 MINUTES FOR ORALS UNTIL EFFECTIVE OR MAXIMUM ORDER PARAMETERS ATTAINED.
Safe Medication Practices (#100-170)

• **Scenario**: PRN reason not provided.

• **Example**: Acetaminophen 650mg PO q6h PRN

• **Issue/Action**: This order does not have a reason for use and must be clarified (i.e., pain or temperature control).
  – If telephone order, contact the nurse who took the order to clarify the reason given
  – Contact prescriber for all other orders:
    • Add the reason in the comment field with the notation “per provider clarification”
    • If prescriber unavailable, add the order to the eMAR and flag order for clinical pharmacist follow-up
Safe Medication Practices (#100-170)

• **Scenario 1**: PRN reason provided but multiple PRN medications for the same indication.

• **Example**:  
  – Day 1 order: Promethazine 12.5mg IV every 6 hours PRN nausea  
  – Day 10 order: Ondansetron 4mg IV every 6 hours PRN nausea

• **Issue/Action**: The orders put the patient at risk for therapeutic duplication as there is no clarification as to when each medication is to be administered. The prescriber must specify when each medication is to be administered such as priority, sequence, and/or patient condition for use.  
  – Contact prescriber to clarify the orders:  
    • Promethazine 12.5mg IV every 6 hours PRN nausea (first choice)  
    • Ondansetron 4mg IV every 4 hours PRN nausea (second choice)  
    • Note: Clarifications will be added to the comments field with the notation “per provider clarification”

  – If the prescriber cannot be contacted (i.e., page not returned or provider unavailable):  
    • Clarify the orders by adding the comments “first choice” and “second choice” to the medication orders and enter the orders through CPOE to ensure physician sign-off.  
    • The sequence of choice will be determined by the sequence in which the medications were ordered. First choice will be the medication that was ordered first. In the event that medications are entered at the same time or are on the same order set, medications that appear first in the work queue or first on the order set will be given first choice status.  
      – Promethazine 12.5mg IV every 6 hours PRN nausea (first choice)  
      – Ondansetron 4mg IV every 5 hours PRN nausea (second choice)
Safe Medication Practices (#100-170)

- **Scenario 2**: PRN reasons provided but multiple PRN medications for the same indication.

- **Example**:
  - Day 1 order: Acetaminophen 1000mg PO every 6 hours PRN pain
  - Day 5 order: Oxycodone 5mg/APAP 325mg (Percocet) 1–2 tablet PO every 4 hours PRN pain

- **Issue/Action**: The orders put the patient at risk for therapeutic duplication as there is no clarification as to when each medication is to be administered. The prescriber must specify when each medication is to be administered such as priority, sequence, and/or patient condition for use. In this scenario, a pain intensity scale should be used.
  1. Contact prescriber to clarify the orders:
     - Prescriber must use a pain intensity scale per policy (or discontinue one of the orders)
     - Day 1 order: Acetaminophen 1000mg PO every 6 hours PRN mild pain (1-3)
     - Day 5 order: Oxycodone 5mg/APAP 325mg (Percocet) 1–2 tablet PO every 4 hours PRN moderate pain (4-7)
     - Note: Clarifications will be added to the comments field with the notation “per provider clarification”
  2. If the prescriber cannot be contacted (i.e., page not returned or provider unavailable):
     - Enter the orders on the eMAR and flag order for clinical pharmacist follow-up

Common example of a pain intensity scale (Numerical)
- Mild pain (1 to 3)
- Moderate pain (4 to 7)
- Severe pain (8-10)
Safe Medication Practices (#100-170)

• **Scenario:** New patient care orders for the same medication, the same indication for use, and the same frequency will be processed as change orders.

• **Example:**
  – Day 1 order: Ondansetron 4mg IV every 6 hours PRN nausea
  – Day 10 order: Ondansetron 4mg IV every 6 hours PRN nausea

• **Issue/Action:** The orders put the patient at risk for therapeutic duplication as they are for the same medication, frequency, route and indication for use
  – Discontinue Day 1 order for Ondansetron
  – Process Day 10 order as a new order
  – No prescriber clarification required
Safe Medication Practices (#100-170)

• **Scenario:** Changes in dose, or frequency/schedule will be processed as change orders.

• **Example:**
  – Day 1 order: Ondansetron 4mg IV every 6 hours PRN nausea
  – Day 10 order: Ondansetron 4mg ODT every 8 hours PRN nausea

• **Issue/Action:** The orders put the patient at risk for therapeutic duplication as they are for the same medication and the same indication for use; however, there are changes in frequency and route.
  – Discontinue Day 1 order for Ondansetron
  – Process Day 10 order as a new order
  – No prescriber clarification required
Safe Medication Practices (#100-170)

- **Scenario:** PO and IV orders for the same medication (route ranges) are allowable if both orders are written at the same time.

- **Example:**
  - Day 1 order: Ondansetron 4mg IV every 6 hours PRN nausea
  - Day 1 order: Ondansetron 4mg ODT every 6 hours PRN nausea

- **Issue/Action:** The orders are written at the same time. The intent is for the nurse to choose the most appropriate dosage form per policy the oral dosage form is used as long as the patient is able to take oral medication.
  - Process both orders
  - No prescriber clarification required
  - Flag for clinical pharmacist follow-up (discontinuation of IV order when appropriate)
Safe Medication Practices (#100-170)

- **Scenario**: Titration orders written without complete instructions for initiation, adjustments, dose limits, and goal parameters.

- **Example**: Propofol titrate to light sedation

- **Issue/Action**: This order is not complete and must be clarified as there are no parameters for dose initiation/adjustments, or maximum dose allowed per order.
  1. Pharmacists will automatically change titratable drip orders that are incomplete to the standard which is on the titratable drip order sets (available in FormFast and Webstation). This includes orders from ICU, IMCU, NICU, ED and OR.
  2. The complete instructions are also built into the Paragon formulary entry:
     - **Propofol**: INITIATE INFUSION AT 5 MCG/KG/MIN, TITRATE BY 5 MCG/KG/MIN PRN TO GOAL SEDATION- RASS GOAL -2 (light sedation). NOTIFY MD FOR DOSES GREATER THAN 80 MCG/KG/MIN. WEAN SEDATION BY 5 MCG/KG/MIN EVERY 5 MINUTES FOR NEUROLOGIC AND VENT WEANING ASSESSMENTS PER PHYSICIAN ORDERS. WEAN SEDATION FOR PHYSICAL THERAPY PER PHYSICIAN ORDERS.
     - **Note**: To find them search by generic in all cases (except the labetalol drip which is under Normodyne and the norepinephrine drip which is under Levophed) and look for the entry in lowercase lettering.
  3. Providers can change the standard titration parameters and goals as desired and are encouraged to do so if the default parameters are not appropriate for that patient.
  4. Contact prescriber to clarify the orders if missing information (i.e., goal blood pressure) is not provided in the order and a default value is not available from the titration order set.
  5. Clarification of incomplete titration orders applies to orders from all sources (CPOE, written, telephone, and order sets).