Section 4: Medication Protocol

Updated: 08/24/12

Section Author(s): sstafford
Section 4: Medication Protocol
Basic Hospice Orders
Adult Hospice Patients

Instructions for Admissions Nurses
1. When calling the Attending for admission orders, get approval for this order set, just as you would for the comfort kit and routine hospice orders. If requested, you may fax a copy of this order set to the MD for approval.
   **If the MD is hesitant, emphasize that these orders are standard hospice comfort measures; and will minimize frequent calls to the MD, particularly after hours for common interventions. (Tylenol for comfort, Hydroxyzine for a rash, Artificial Tears for dry eyes, etc)

2. If the MD declines this order set, you should include this information in your e-mail to the primary team.

3. If the MD accepts the order set, do the following:
   a. Activate the CarePlan RN99 – Basic Hospice Orders along with the other Care Plans you currently activate on admission.
   b. Delete any interventions the physician does not approve (ie - specific meds such as Benadryl or Haldol) or that the pt has an allergy to

Instructions for Field Nurses
1. You may activate any intervention on the list as needed to address a designated symptom WITHOUT having to call the attending MD first for orders.

2. If a medication is used, you must add it to the pt’s medication list as a new order from the attending MD.

3. For facility pts, keep in mind that certain meds may be restricted per facility protocol; and therefore not an option to be selected for their pts.

4. Medication ranges that appear on the BHO designate the minimum and maximum of any given order, not the specific order as it should appear for any individual pt.
   **For example, under agitation, you have access to Haldol 1-4mg PO q 4 hrs. When you activate the order for a pt, you would write the order as “Haldol 1mg PO q 4hr” or “Haldol 2mg PO q 4hr” based on your best nursing judgment of what the pt needs for effective symptom control.

It is the expectation of TDH that the PCN will stay in consistent communication with the Attending MD in regards to the pt’s status. The use of this order set should not decrease that communication in any way.

The Denver Hospice Basic Hospice Orders
Author(s): wbethurum & TDH Physicians
Revised: March 2011
AGITATION
- Assess for reversible causes of agitation FIRST, such as urinary retention, infection, constipation, pain, med changes, etc.
- Haloperidol (Haldol) – 2-4mg PO q 2hr x 2 doses until symptom relieved, then resume 1-4mg PO q 4hr PRN *Use Haldol first unless contraindicated or restricted by SNF protocol. Not to be used in Parkinsons pts.
- Lorazepam (Ativan) – 1-2mg PO q 2hr x 2 doses until symptom relieved, then resume 1-2mg PO q 4hr PRN *Use with caution in the elderly and pts with dementia. Discontinue if agitation worsens with dosing.*
- Call MD for consultation if symptom not relieved by above, MD may consider Thorazine.

BLADDER SPASM
- Check for urinary retention or foley patency.
- Oxybutynin (Ditropan) 5mg PO TID or 2.5mg PO TID for elderly patients.

COUGH
- Guaifenesin (Robitussin) for congested cough or Robitussin DM for dry cough – 5-10ml PO q 4hr PRN.

DIARRHEA – r/o impaction first
- Hold all laxatives and stool softeners.
- If stool has foul odor or suspect C-diff, do not treat diarrhea, but contact MD for orders.
- Loperamide (Imodium) – 4mg then 2mg after each additional loose stool, max 16mg/day.
- Bismuth Subsalicylate (Kaopectate) – 30ml after each loose stool, max 8 doses/day.

CONSTIPATION – r/o impaction first
- Senna-S 2 tabs PO BID PRN.
- If no bowel movement in 48hrs, Senna-S 4 tabs BID PO PRN.
- If no bowel movement in 72hrs, Lactulose 30ml PO QD or Bisac-Evac (Bisacodyl) 10mg PO/PR QD PRN.
- If no bowel movement in 96hrs, add sodium phosphate or mineral oil or warm tap water enema PR Q 12 hr PRN.
DRUG REACTION
- For any difficulty breathing or swelling of the face, neck, or tongue; contact MD immediately, administer Benadryl (see order below) if pt able to swallow, and discontinue offending medicine.
- Call 911 if condition is life-threatening.
- Diphenhydramine (Benadryl) - 25-50mg PO q 6hr PRN.

HICCUPS
- Chlorpromazine (Thorazine) – 25mg PO q 6hr PRN. *Do not use if sedation is problematic*
- Metoclopramide (Reglan) – 5-10mg PO q 4 hr PRN
- Haloperidol (Haldol) – 2-4mg PO q 4 hr PRN

IV FLUSH
- Refer to the TDH IV Flush Protocol Sheet.

ITCHING/RASH
- Hydroxyzine 10-25 mg PO q 6hr PRN
- Diphenhydramine (Benadryl) - 25-50mg PO q 6hr PRN.
- Benadryl or Hydrocortisone Topical Cream – OTC directions.
- Nystatin – Apply topical powder to cutaneous yeast infection BID-TID PRN.

INSOMNIA
- Lorazepam 0.5-1 mg PO QHS PRN.
- Trazodone – 50mg PO q HS PRN.
- Temazepam (Restoril) – 15mg PO at HS PRN. May increase to 30mg if 15mg is not effective.

NAUSEA/VOMITING
- Prochlorperazine (Compazine) – 10mg PO q 6 hr PRN or 25mg PR q 6 hr x 2 then q 12 hr PRN.
- Metoclopramide (Reglan) – 5-10mg PO TID or QID PRN.
- Haloperidol (Haldol) – 1-4mg PO q 4 hr PRN. *May be restricted in some facilities per their protocol.

IV FLUSH
- Refer to the TDH IV Flush Protocol Sheet.

NASAL CONGESTION/DRY NOSE
- Saline Nasal Spray – 1-2 sprays to each affected nostril PRN.

NAUSEA/VOMITING
- Prochlorperazine (Compazine) – 10mg PO q 6 hr PRN or 25mg PR q 6 hr x 2 then q 12 hr PRN.
- Metoclopramide (Reglan) – 5-10mg PO TID or QID PRN.
- Haloperidol (Haldol) – 1-4mg PO q 4 hr PRN. *May be restricted in some facilities per their protocol.

HEARTBURN/INDIGESTION
- Calcium Carbonate (TUMS) – 1-2 tabs PO QID PRN.
- Aluminum Hydroxide/Magnesium Hydroxide (Maalox) – 30ml PO QID PRN.
- Ranitidine (Zantac) – 75-150mg PO BID PRN.
ORAL SORES

- **Magic Mouthwash** (Benadryl, Maalox, Lidocaine) – 5ml PO AC or QID. Swish in mouth for 2 minutes, then spit.

PAIN CRISIS

*R/O bowel impaction, obstruction, or urinary retention in abdominal pain*

SECRETIONS

- **Atropine** – 1% Ophthalmic solution. 2 gtts Sublingual/PO q 4 hr PRN.
- **Avoid use if patient has tachycardia**
- **Glycopyrrolate** (Robinul) – 1mg PO q 4-6 hr PRN or 0.2mg SQ q 6 hr PRN.

SEIZURES

- **Diazepam** (Valium) – 10mg PR q 15 min x 3 doses PRN for acute seizure activity. Maximum of 8 doses/12 hr. Call MD for consultation if no relief after 3 doses.

THRUSH

- **Nystatin** – 5ml PO QID x 5-10 days. Swish in mouth for 2 minutes, then swallow (or spit out if pt has impaired gag reflex).

URINARY RETENTION/FOLEY PLACEMENT

- UA w/ C&S if indicated for S/S of UTI.
- **Phenazopyridine** (Pyridium) – 100-200mg PO TID after meals PRN bladder pain until C&S is back, not to be used more than 2 days.
- **Viscous Lidocaine Jelly 2%** - PRN to ease insertion discomfort.

WOUND CARE

- Air mattress PRN skin breakdown or prevention.
- Per TDH guidelines with approved products
## Controlled Substance Medication Class Table

<table>
<thead>
<tr>
<th>Class</th>
<th>Formulary</th>
<th>Non-Formulary</th>
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</table>
| C II  | Fentanyl (Duragesic)  
Hydromorphone (Dilaudid)  
Methadone (Dolophine tablets)  
Methylphenidate (immediate release only: Ritalin IR, Methylin IR)  
Morphine (Tincture, Extended Release-MS Contin, Orangoph, Sulfate Injection, Immediate Release-MSIR) | Amphetamine/ Dextroamphetamine salts (Adderall, Adderall XL)  
Codeine (w/o APAP)  
Dextroamphetamine Salts (Dexedrine)  
Fentanyl (Actiq lozenges)  
Methadone Injection  
Methylphenidate (controlled release: extended release: Ritalin LA, Methylin ER, Metadate CD, Metadate ER)  
Morphine (Kadian, Avinza)  
Oxycodone (Oxyfast, OxyIR, Oxycontin, Roxicodone)  
Oxycodone/ APAP combinations  
Oxycodone/ Aspirin combinations  
Oxymorphone (Opana) | |
| C III | Codeine/ APAP combination (Tylenol nº 3)  
Hydrocodone/ APAP combinations (Loratab, Loracet, Vicodin)  
Hydrocodone/ IBJ combinations (Vicoprofen) | Butalbital Combinations (Fiorce, Fioranol)  
Codeine/ Butalbital Combinations (Fiorce or Fioranol with codeine)  
Dronabinol (Marinol)  
Hydrocodone/ Chlorpheniramine (Tussinex)  
Hydrocodone/ homatropine syrups (Hydromet, Hycoan)  
Ketamine | |
| C IV  | Alprazolam (Xanax)  
Clonazepam (Klonopin)  
Diazepam (Valium)  
Lorazepam (Ativan)  
Phenobarbital (Luminal)  
Temazepam (Restoril)  
Zolpidem (Ambien) | Chloral Hydrate  
Chlordiazepoxide (Librium)  
Midazolam (Versed)  
Modafinil (Provigil)  
Oxazepam (Serax)  
Phenobarbital Combinations (Donnatal)  
Zaleplon (Sonata)  
Zopiclone (Lunesta) | |
| C V   | Codeine combination syrups (Robitussin AC, Phenergan with codeine)  
Diphenoxylate/Atropine (Lomotil, Lonex) | Pregabalin (Lyrica) |
Template for Ordering Care Kits

THE DENVER HOSPICE

TEMPLATE FOR ORDERING CARE KITS

(email to CareKit@care4denver.org)

Patient name:
TDH ID number:
Date of Birth:
Patient’s Home (or facility) Address:
Allergies:
Current Pain Medications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Comments</th>
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Hospice Diagnosis:

Prescribing hospice provider: __________________________
Provider phone number: __________________________

Any Exclusions from the Care Kit medications: __________________________________________
________________________________________________

Seizure kit required: Yes______ No________
Cardiac kit required: Yes______ No________

Delivery Status: Stat: _________ Routine: _________
# Template for Ordering Refill Medication

**THE DENVER HOSPICE**

**TEMPLATE FOR ORDERING REFILL MEDICATION**

(email to QualMed@care4denver.org)

<table>
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<tr>
<th>RN Name:</th>
<th>RN phone number:</th>
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<tbody>
<tr>
<td>Patient name:</td>
<td></td>
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<tr>
<td>TDH ID#:</td>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>Prescription to be refilled:</td>
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<tr>
<th>S/R</th>
<th>Rx Number</th>
<th>Drug Name</th>
<th>Other Instructions</th>
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*S – Stat delivery  R – Routine delivery

Special Delivery Instructions: ___________________________________________
FORM: Physician CareKit Order Form

The Denver Hospice - CareKit Order

Patient Last Name ____________________________ First Name ____________________

Patient ID __________________________ Date of Birth ___________ Phone # _____________

Patient Address ___________________________ City ____________ Zip ______________

Allergies ____________________________________________________________

Ordered Med: 14 Inverness Ave East Suite H-140, Englewood, CO 80112
Phone 303/790-8200 Fax 303/790-8201

☐ The Denver Hospice CareKit
Acetaminophen 650mg suppository 1 suppository PR every 4 hours, dispense #12 suppositories, #6 refills if unavailable. Acetaminophen 500mg suppository, 1 suppository PR every 8 hours, dispense #12 suppositories, no refills. If unavailable, dispense 500mg tablets, 1 tablet PO every 4 hours, dispense #12 tablets, no refills.
Hydromorphone 2mg/ml concentrate, 0.5-2mg/ml PO or IM every 4 hours PRN agitation/restlessness, dispense 15mg tablets, no refills (include 1 ml clear syringe).
Atevon 2% solution, 2 drops SL every 4 hours PRN secretions, dispense 5ml, no refills.

Lorazepam 0.5mg tablets, 1 tablet PO/PR/SI every 4 hours PRN anxiety or agitation, dispense #12 tablets, no refills.
Promethazine 25mg suppositories, 1 suppository PR every 12 hours PRN nausea/vomiting, dispense #6 suppositories, no refills.
Risperidone 10mg suppository, 1 suppository PRN constipation, dispense #1 suppository, no refills.

☐ Cardiac CareKit
Furosemide 40mg tablets, 1 tablet PO every day PRN swelling, dispense #6 tablets, no refills.
Aspirin 325mg tablets, 1 tablet PO PRN onset chest pain, dispense #25 tablets, no refills.
Nitroglycerin Sublingual tablets 0.4mg (1/150), dissolve 1 tablet SL every 5 minutes for up to 3 doses PRN chest pain, dispense #25 tablets, no refills.

☐ SeizureKit
Diazepam 10mg suppositories, 1 suppository PR every 15 minutes PRN seizure activity, dispense #3 suppositories, no refills.
Morphine Sulfate oral concentrate, 20mg/ml, 0.25ml - 0.5ml (5-10mg) PO/SL every 1 hour PRN pain or shortness of breath, dispense #15 ml, no refills (include 1 ml clear syringe)
OR
Hydromorphone oral solution, 5mg/ml, 0.25ml - 0.5ml (1.25mg-2.5mg) PO/SL every 1 hour PRN pain or shortness of breath, dispense #15 ml, no refills (include 1 ml clear syringe).

TERMINALLY ILL HOSPICE PATIENT

Physician signature ___________________________ Date _____________ DEA # ___________

Physician
Gayle Bereskin, MD ○ Eric N. Bryant, MD
David Koets, MD ○ Karen Log, DO
Rebecca Resnik, MD ○ Shirley Turner, MD
Paula Armstrong, NP ○ Claire Coughlan, NP

The Denver Hospice • 501 South Cherry Street, Suite 700, Denver, Colorado 80246-1328 • Tel 303/221.2828 • Fax 303/269.1261
For all other questions contact 303/321.2828 and request the nurse covering this patient.
Admitting a New Patient

Quick Reference
Admitting a New Patient

Admissions Coordinator will fax the Admissions Face Sheet to Preferred Rx
Admissions RN reviews all medications, including herbals and supplements

HOME PATIENTS:
• Call Preferred Rx
  o Confirm demographics
  o Profile all meds
  o Determine which meds need to be delivered and the timing of delivery
• Order Care Kit if needed (see below)

SKILLED NURSING FACILITY (SNF) PATIENTS:
• Fax Preferred Rx to confirm demographics and profile all meds
• Write all med orders in SNF chart
• Collaborate with facility staff on Plan of Care
• Coordinate med delivery through facility pharmacy

ASSISTED LIVING FACILITY (ALF) PATIENTS:
• Determine if pt will be self-administering meds. If so, obtain a faxed order from the Provider to this effect, and follow the Home process for ordering meds
• If ALF will be administering meds AND will use Preferred Rx:
  o Call or fax Preferred Rx to confirm demographics and profile all meds
  o Obtain a faxed order from the Provider of all meds for ALF chart
  o Determine which meds needs to be delivered and the timing of delivery
• If ALF will be administering pt’s meds AND will use their institutional pharmacy, then follow SNF process
  o Obtain a faxed order from the Provider of all meds for ALF chart
• Order Care Kit if needed (see below), and collaborate with facility staff on Plan of Care

CARE KIT ORDERING
• Determine if Care Kit needs to be delivered STAT or Routine
• Send urgent email request to carekit@care4denver.org with the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>TDH ID #</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td>Allergies</td>
<td>Current pain meds</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>If Seizure or Cardiac Kit is needed</td>
<td></td>
</tr>
</tbody>
</table>

• Confirmation email to be sent by QualMed
• Report any need for follow-up to After Hours

Add one day for delivery on all non-formulary meds
Field Nurse Med Reminders

**Quick Reference**

Field Nurse Med Reminders

**HOME PATIENTS:**
- New Orders: Call Preferred Rx to profile and coordinate delivery of all new orders
- Refills during normal business hours:
  - Routine delivery: Email QualMed with pt name, ID #, DOB, and meds needed
  - Urgent delivery: Call QualMed with pt name, ID #, DOB, and meds needed
- Urgent Refills After Hours: Call Preferred Rx with pt name, ID#, DOB and meds needed

**SKILLED NURSING FACILITY (SNF) PATIENTS** (meds dispensed by facility’s contract pharmacy):
- New orders: Fax or call Preferred Rx to profile new medication. Coordinate order/delivery with facility staff through facility’s pharmacy
- Refills: Collaborate with facility staff for timing and appropriateness

**TDH RN Case Manager is responsible for oversight of all pharmacy orders and refills**

**ASSISTED LIVING FACILITY (ALF) PATIENTS:**
- Patient self administers – follow the Home Process
- Facility administers medication and uses Preferred Rx/QualMed:
  - New Orders: Fax or call Preferred Rx to profile and coordinate delivery of all new orders
  - Refills during normal business hours:
    - Routine delivery: email or call QualMed with pt name, ID #, DOB, and meds needed
    - Urgent delivery: Call QualMed with pt name, ID #, DOB, and meds needed
  - Urgent refills after hours: Call Preferred Rx with pt name, ID# and meds needed
- Facility administers medication and uses their own pharmacy:
  - New orders: Fax or call Preferred Rx to profile new medication. Coordinate order/delivery with facility staff through facility’s pharmacy
  - Refills: Collaborate with facility staff for timing and appropriateness

**TDH RN Case Manager is responsible for oversight of all pharmacy orders and refills**

**RESPITE CARE:**
- Contact respite facility to determine whether patient may bring own supply of medication or if facility pharmacy will be required during 5 day stay.
- Notify Preferred Rx of any patient demographic changes/respite stays.
**Medication Ordering Process: Admissions, New Orders & Refills – Home Patient**

**Admission Coordinator** fills Admissions Face Sheet to Preferred Rx with all demographic information needed to activate admission.

RN evaluates all medications (including herbals & supplements) in the home.

Nurse calls Preferred Rx
CONFIRM & PROVIDE:

- Hospice Name
- Nurse Contact Info
- Profile CareKit orders including Seizure & Cardiac Kit if needed

See back for details

- Patient’s Info:
  - Name
  - Address
  - Phone
  - TDH ID#
  - Team
  - DOB
  - Gender
  - Terminal DX
  - Allergies/other conditions

- Rx Info:
  - Name
  - Strength
  - Directions
  - Dosage
  - Quantity
  - Prescriber & Contact Info

Non-formulary meds will not be filled by QualMed until prior authorization has been received.
Delivery may be delayed.

**Refills**

- Visualize all medications
- Call or email to QualMed:
  - Patient Name
  - Patient DOB
  - TDH ID#
  - Rx number & drug name
  - If needed, special delivery requests

  Normal Business Hours
  - Email QualMed
  - Call for Urgent Needs

  After Hours
  - Call Preferred Rx
  - STAT deliveries only

**New Med Orders**

- All Meds
- CII Meds

  - Call Preferred Rx to profile and coordinate delivery of meds
  - Coverage determination will be emailed to Clinical Manager or After Hours Coordinator
  - Designate:
    - P – Profil
    - R – Routine
    - S – STAT

  - TDH nurse contacts Provider to give QualMed contact info
  - Provider may fax or call CII Rx to QualMed
  - Faxed script must indicate “Hospice P”
  - Original script must be delivered within 72 hours if called in by Provider

QualMed emails Ordering Nurse or AHCN with estimated delivery time.
Medication Ordering Process: Assisted Living Facility (ALF) - Admissions

**Medication Ordering Process**

**Assisted Living Facility (ALF) - Admissions**

Admission Coordinator fills Admission Form Sheet to Preferred Rx with all demographic information needed to activate admission.

- RN Evaluates: All Meds including herbs & supplements. Nontoxic meds will still be filled by QualMed after prior authorization is received. Without prior authorization, delivery may be delayed.
  - Nurse calls Preferred Rx
  - Confirm & Provide:
    - Hospice Name
    - Nurse Contact Info
    - Profile CareKit (includes seizure & cardiac kit)
    - Patient Info:
      - Name
      - Address
      - Phone
      - THID
      - Team
      - DOB
      - Gender
      - Terminal Dx
      - Allergies
    - Rx Info:
      - Name
      - Strength
      - Directions
      - Dosage
      - Quantity
      - Prescriber & Contact Info

**Will facility staff administer meds?**

- **yes**
  - TDH Nurse reviews all medications & collaborates with facility nurse
    - **yes**
      - Does ALF allow CareKit?
        - **yes**
          - Follow QualMed CareKit ordering (See chart for details)
        - **no**
          - TDH Nurse to speak with Provider regarding individual meds needed from CareKit
          - Follow QualMed CareKit ordering (See chart for details)
    - **no**
      - TDH Nurse obtains written/taped orders from Provider per facility protocol

- **no**
  - Use Home Patients Ordering process: Receive order for patient to set administer meds
    - **yes**
      - Does ALF allow CareKit?
        - **yes**
          - TDH Nurse to speak with Provider regarding individual meds needed from CareKit
          - Follow QualMed CareKit ordering (See chart for details)
        - **no**
          - CII Meds:
            - TDH nurse contacts Provider to give QualMed care authorization
            - Provider may fax or call CII Rx to QualMed
            - Original script must indicate "Hospice Rx"
            - Original script must be delivered within 72h if called in by Provider

**Which pharmacy will be used?**

- QualMed
- Institutional

**Contact Preferred Rx to update profile and order meds**

- Call for urgent needs
- Acceptable items to fax:
  - Physician Order Sheet or ALF MAR
  - Designation:
    - P - Profile
    - R - Routine
    - S - STAT

**Profile meds with Preferred Rx**

- Follow process for ordering meds with institutional pharmacy

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**THE DENVER HOSPICE**

501 S. Cherry St, Suite 700, Denver, CO 80246

**QualMed**

P: 303-790-8200
F: 303-790-8201
E: qualmed@care4senior.org

**Preferred Rx**

P: 1-877-540-7842
F: 1-877-540-7843
E: hospice@preferredrn.net

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**Medication Ordering Process: Skilled Nursing Facility (SNF)**

**New admission?**

- Yes: TDH nurse reviews all medications
  - Collaborate with facility nurse
  - TDH nurse faxes Preferred Rx. Provide patient medication list with a fax cover sheet and Ordering Nurse contact info

  **Fax Cover Sheet must include:**
  - Patient Name
  - TDH ID
  - Team
  - Facility Name
  - DOB
  - Allergies
  - Terminal DI
  - Hospice Admission Date
  - Attending Physician name & contact info
  - Institutional Pharmacy info

  **Medication Order/List must include:**
  - Patient Name
  - TDH ID
  - DOB
  - Complete Rx information:
    - Name
    - Strength
    - Dosage form
    - Frequency/directions
    - Ordering Physician name
  - Acceptable items for fax: physician order sheets, and/or SNF MAR

- No: New Order
  - TDH nurse writes order for facility
  - TDH nurse faxes physician order to Preferred Rx
  - Coordinate order/delivery with facility staff through institutional pharmacy
  - Routine delivery through institutional pharmacy

- New Order
  - TDH nurse writes order for facility
  - TDH nurse faxes physician order to Preferred Rx
  - Coordinate order/delivery with facility staff through institutional pharmacy
  - Routine delivery through institutional pharmacy

- Refills
  - TDH nurse visualizes needs & determines when refills are needed.
  - Orders placed in collaboration with facility nurse

**Urgent Need?**

- TDH nurse works with facility to order STAT medications from facility pharmacy or access E-Kit.

**NOTE:** Atropine is not in the facility E-Kit.

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TDH Infusion Vendor

**Qualmed**

14 Inverness Dr. E., Suite H-140
Englewood, CO 80112

Hours: Monday-Friday, 8:30am – 5:00pm

There are 3 convenient ways to order from QualMed

- Phone: 303.790.8200
- Fax: 303.790.8201
- Email: qualmed@denverhospice.org
  - secure email address with access to patient information

Delivery

- within 4 hours to patient’s residence by QualMed after of receipt to legally complete orders
- includes all needed medications, equipment, and supplies

Afterhours

- available 24/7
- $100/hr fee may apply
- not charged for new infusion patient admissions or unanticipated changes in existing services

Pump Return

- return infusion pumps to TDH education suite at 501 S. Cherry St on 1st floor
- put in bowl and sign in on tracking sheet
SAMPLE: Infusion Orders

**INFECTION ORDERS**

**Patient:** Lotta Pain  DOB or Pt. # 4-21-1912  Date 11-10-2012

* New Patients: Please fax Admission Profile

**PCA Orders:** PLEASE INDICATE SubQ X or IV

- **Morphine** PCA at __ mg/hr basal rate with __ mg bolus every __ minutes as needed for breakthrough pain.
  Hospice patient

- **Dilaudid** PCA at __ mg/hr basal rate with __ mg bolus every __ minutes as needed for breakthrough pain.
  Hospice patient

- **Fentanyl** PCA at __ mcg/hr basal rate with __ mcg bolus every __ minutes as needed for breakthrough pain.
  Hospice patient

- **Methadone** at __ mg/hr basal rate for pain. Hospice patient

**Anti-Emetic Orders:**

| Medication | Dosage
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Halol</td>
<td>20 mg/day, or ___ mg/day</td>
</tr>
<tr>
<td>Reglan</td>
<td>40 mg/day, or ___ mg/day</td>
</tr>
<tr>
<td>Decadron</td>
<td>12 mg/day, or ___ mg/day</td>
</tr>
<tr>
<td>Ranitidine</td>
<td>150 mg/day, or ___ mg/day</td>
</tr>
<tr>
<td>Benadryl</td>
<td>50 mg/day, or ___ mg/day</td>
</tr>
</tbody>
</table>

- Mix with 0.9% NaCl to a final volume of 60ml/day to run continuously at 2.5ml/hr via SQ / IV (circle one), or
- Mix with 0.9% NaCl to a final volume of ____ ml to run continuously at _____ ml/hr via SQ / IV (circle one).

**Hydration Orders:**

- **0.9% NaCl (NS)** ___ liter(s) IV daily over ____ hours.
- **Dextrose 5% / 0.45% NaCl (D5/ NS)** ___ liter(s) IV daily over ____ hours.
- **Dextrose 5% / 0.9% NaCl (D5NS)** ___ liter(s) IV daily over ____ hours.
- **Dextrose 5% / 0.45% NaCl + 20mEq Potassium / liter (D5 ½ NS + 20 mEq KCL)** ___ liter(s) IV daily over ____ hrs.

**Miscellaneous Orders:**

**MD Signature:** Dr. Feel Good, MD  DEA #: AG1234567

Printed Name: Feel Good, MD  Date 11-10-2012

MD Street Address: 1231 Barron St  Phone

MD City, State, ZIP: Denver, CO 80234  Fax
## SAMPLE: CADD Prizm Program Verification Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>11/10/2012</td>
</tr>
<tr>
<td>Patient</td>
<td>Lotta Pain</td>
</tr>
<tr>
<td>Serial Number</td>
<td>612371</td>
</tr>
<tr>
<td>Reservoir Volume</td>
<td>100 ml</td>
</tr>
<tr>
<td>Units</td>
<td>mg</td>
</tr>
<tr>
<td>Concentration</td>
<td>5 mg/ml</td>
</tr>
<tr>
<td>Rate</td>
<td>1 mg/hr</td>
</tr>
<tr>
<td>Dose</td>
<td>0.5 mg</td>
</tr>
<tr>
<td>Lockout</td>
<td>15 mins</td>
</tr>
<tr>
<td>Doses/Hr</td>
<td>4</td>
</tr>
<tr>
<td>Lock Level</td>
<td>2</td>
</tr>
<tr>
<td>Auto Lock LL2</td>
<td>Y</td>
</tr>
<tr>
<td>Verified By</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>
MEDICATION PROFILE – DRUG REGIMEN REVIEW – HOSPICE
Policy No. H:2-055.1

PURPOSE
To define the use of the medication profile in evaluating a patient’s medication regimen.

POLICY
The Denver Hospice nurses will comply with the Medicare CoP 418.54 for the initial and comprehensive assessment to include a drug profile review. This drug profile review includes”: a review of all of the patient’s prescription and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: effectiveness of drug therapy, drug side effects, actual or potential drug interactions, duplicate drug therapy, and drug therapy currently associated with laboratory monitoring.”

Additionally, the Denver Hospice will comply with Medicare CoP 418.106(a)(1) by ensuring that the Interdisciplinary Team (IDT) confers with individuals with education and trainings on drug management. This includes: consulting pharmacist, hospice medical director, and certified hospice and palliative care nurses.

PROCEDURE
1. Admission nurse calls Enclara to admit patient into the pharmacy vendor’s system and reviews all drugs in the home with an Enclara pharmacist. The admission nurse documents all drugs in the home for side-effects, interactions, duplicative drug therapy, ineffective therapy, instructions needed, and noncompliance. Admission notes this on the Preadmission Assessment Form or the Pediatric Assessment Form.

2. If there are concerns or questions, the nurse notifies the attending physician or the hospice medical director and documents this in the clinical record.

3. Admission nurse completes a Medication List and leaves it in the home for patient and family use/reference.
   A. The admission nurse takes a copy of the Medication List to enter into the clinical record.
   B. The admission nurse begins to identify medications as hospice covered or non-covered; a process that will continue with the first and on-going PCN visits to the patient at their home or facility.

4. Admissions prints out a computer medication list. This list goes with the patient chart to the Primary Care Nurse (PCN).

5. The PCN delivers the computer medication list to the patient/family/facility on the next visit.
   A. At each visit the nurse will review the medication list for additions or changes to the medication regimen, insures that physician orders have been obtained for these changes AND documents these changes on page 2 of the nurse visit report.
   B. The nurse will update the medication list left in the patient’s home to insure accuracy of this record.
   C. If the physician (or other authorized independent practitioner) orders a new medication, the nurse will enter the medication in the electronic medical record.
D. The nurse may request a hard copy of the current medication list at any time from the clinical operations assistant (COA). The nurse will deliver this new list to the patient’s home/facility at the next visit.

6. As part of the ongoing comprehensive assessment, the patient’s drug profile will be reviewed based on the elements described above in the policy statement, no less frequently than every 15 days.
   A. Documentation of the drug profile review is found on the TDH Comprehensive Assessment profile of the electronic medical record.

7. The consulting pharmacist reviews the patient’s drug profile at admission, at each recertification period, and as needed during Interdisciplinary Team Meetings (IDT).

8. Reconciliation of the TDH Medication List with that of the pharmacy vendor is conducted to ensure accuracy of both records:
   A. COA will print the Enclara Active Medication Report (AMR) from the Enclara reporting website (https://sslvpn.enclarahealth.com) prior to IDT.
   B. At IDT the PCN will compare the AMR with the current medication list found in RoadNotes.
   C. The Enclara AMR is considered the most accurate medication list because the medications are dispensed from the orders in the Enclara system.
   D. If there is a discrepancy between the Enclara’s AMR and RoadNotes, the PCN will make changes on the AMR and update the RoadNotes as needed.
   E. Any AMRs with changes noted on them will be turned into the Clinical Team Manager at IDT.
   F. The manager will take the updated AMRs to the COA after IDT.
   G. The COA will fax the updated AMRs to Enclara for Enclara to update their profiles. For more information regarding the COA process see COA handbook.
   H. Quality assurance will be maintained to ensure accuracy of both RoadNotes and the Enclara AMR.

Regulation/Reference Hospice CoPs 418.54 (c) (d) Chapter XXI, 11.3, 12.4 (8)
Kaiser Patients

Refer to the Kaiser Section:
PURPOSE
To ensure the appropriate use and disposal of controlled substances in accordance with applicable state and federal regulations.

POLICY
The Denver Hospice will provide narcotics/opioids for administration according to physician’s (or other authorized independent practitioner) and within formulary recommendations. The Denver Hospice voluntarily adheres to a controlled drug reporting process.

PROCEDURE
1. Controlled substances will be distributed directly to the patient or his/her representative. (See “List of Controlled Substances Availability,” attached) The dispensing pharmacist will be responsible for monitoring the amount of drug issued and the length of time between renewals.

2. In general, a minimal amount (7-14 day supply) of a narcotic should be dispensed, delivered and/or retained in the home.

3. Only licensed pharmacists and physicians can dispense narcotics. Thus, hospices and home health agencies cannot store narcotics/drugs without a dispensing license.

4. All options for delivery to the home should be eliminated before employees of The Denver Hospice pick-up and/or deliver narcotics. Options include direct delivery of the narcotic to the home by pharmacists or contracted courier service and delegating pick-up of the narcotic to a family member or significant other.

5. The TDH staff may transport prescribed narcotics from the pharmacy TO a patient’s address.

6. Procedure for TDH staff who pick-up or deliver narcotics to a home must:
   A. Upon arrival at patient’s home and/or NH, the TDH staff will encourage the patient/family to contact the nurse case manager to review medications with patient and/or caregiver/facility staff nurse.

   B. One copy of signed receipt is left in the patient home or chart, if in NH or assisted living facility, and the other is brought back to The Denver Hospice and filed in the patient chart.
MAINTAINING NARCOTICS IN THE HOME
1. In the presence of the patient, family or significant other, the nurse shall complete a count of the narcotic periodically; verify that Comfort Kit is sealed, that medication count is correct and/or that kit is not expired.

2. When the patient is discharged or dies or if a patient is admitted to the hospital a count of the narcotic should occur in the presence of the patient/family and documented.

3. If the patient dies or is no longer using a narcotic, disposal of the narcotic should be encouraged. However, controlled substances obtained by prescription belong to the patient.

MAINTAINING NARCOTICS IN THE DENVER HOSPICE INPATIENT CARE CENTER
1. Patients are not allowed to bring liquid medication to the Inpatient Care Center, as these medications cannot be administered by The Denver Hospice Inpatient Care Center staff as per policy.

2. Narcotics for physician’s bag stock will be ordered by nurses for use in the Inpatient Care Center.

3. Controlled substances (not a part of bag stock) obtained by individual prescription belong to the patient. These will be destroyed after patient’s death as per policy or given to patient upon discharge from the Inpatient Care Center.

4. Upon discharge, individual medications will be returned to the patient. The nurse will document the date, time, medication, dosage and amount remaining on the patient’s discharge sheet.

REPORT OF MISSING NARCOTICS
1. If a discrepancy in the narcotic count or utilization occurs, an attempt to account for the discrepancy should be made and documented.

2. Discrepancies in narcotic count or utilization which cannot be explained should be reported immediately to the appropriate supervisor and the following steps are taken:

   A. FOR HOMECARE:

      1. When the nurse identifies the discrepancy or utilization change, it will be documented on Nurse Visit Report or IDT note

      2. If count is off by 5 percent or greater, 5 doses, or has been off by a small amount consistently, begin the following process:
A. Inform the patient and family that there is a significant drug discrepancy.

B. Assess if the patient is taking more or less narcotic than prescribed.
   1. Reassess patient’s need for medication and obtain appropriate physician’s (or other authorized independent practitioner) order to control patient’s pain.
   2. Assess patient for suicidal ideation per The Denver Hospice suicide policy.
   3. Notify Clinical Manager or Clinical Manager on call.
   4. Assist the patient and family to find a solution to keep an accurate count of narcotics.
      A. Offer options to keep narcotics locked
      B. Offer pill minder and/or medication chart.
      C. Consider a 3-day supply for medication.
   5. Explain to patient and family that if this occurs again, a family conference will be necessary to discuss the gravity of the situation, which may include notifying the police that narcotics are being misused.

B. FOR INPATIENT CARE CENTER: SEE INPATIENT POLICY AND PROCEDURE
   Staff action for Controlled substance Errors or Missing Controlled substances
   1. Refer to Drug Free Workplace Policy and Procedure found in Human Resources.
   2. In all of the above situations, the manager of the facility will notify Human Resources as soon as possible.

C. FOR BOTH HOME CARE AND CARE CENTER:
   1. If a situation warrants employee drug testing, the manager should see The Denver Hospice Employee policy and procedure for Alcohol, Drug and Controlled Substance Use for direction in testing employees.
TRANSPORTATION OF MEDICATIONS
1. The TDH staff may transport prescribed medications from the pharmacy TO a patient’s address.

2. Medications MAY NOT be transported by the nurse nor any other Denver Hospice staff FROM the patient’s address at the time of death or discharge or any other time.

3. It is the family’s responsibility to transport medication when a patient is relocated. Medication may be transported by the patient in an ambulance when relocated.

DISPOSAL OF NARCOTICS/MEDICATIONS IN THE HOME
1. The nurse should always document the status of the narcotics as a part of the final patient note (death, discharge, or transfer).

2. If any other agencies, such as a coroner, IV supply company or police confiscate the narcotics, the nurse should receive a signed document form that agent stating the agency, date, time, medication, dosage and number of medications confiscated. The document will be placed in the patient record. This will also be reflected in the final patient note.

3. Encourage the caregiver to dispose of narcotic in the nurse’s presence and document disposal. Nurse should count and record each specific narcotic and family should dispose of each medication using the Team Green procedure. (See Attachment)

4. If the family chooses to retain any medications, a final count will be made by the nurse in the presence of the family. Risk of dangerous use of medications should be discussed with the caregiver(s). If concern of immediate risk of abuse and/or suicidal ideation is assessed, notify the supervisor immediately. The nurse should document the family’s desire to retain the medications and the interventions completed. The family member/caregiver will sign/initial the documentation of destruction and/or retention of drugs.

DISPOSAL OF NARCOTICS/MEDICATIONS IN THE INPATIENT CARE CENTER
1. Disposal of narcotics and medications will occur as per regulations and as documented in The Denver Hospice pharmaceutical policies for hospice patients in the Inpatient unit. (See ICC policy on drug destruction)

DISPOSAL OF NARCOTICS/MEDICATIONS IN FACILITIES (SNF/ALF)
1. The TDH nurse should always document the status of the narcotics as part of final note (death, discharge or transfer)

2. If any other agencies, such as a coroner, IV supply company or police confiscate the narcotics, the TDH nurse should receive a signed document form that agent stating the agency, date, time, medication, dosage and number of medications confiscated. The
document will be placed in the patient record. This will also be reflected in the final patient note.

3. The facility, according to established policy and procedures, destroys medications

4. If the facility does not have a policy and procedure to destroy medication, the TDH nurse should count and record each specific narcotic and dispose of each medication using the Team Green procedure. (See Attachment)
Once a common practice, the disposal of unused medication down sinks and toilets is no longer recommended. Current studies reveal the presence of unaltered pharmaceuticals in our lakes, rivers, and drinking water resources given that sewage treatment plants are not designed to remove these chemicals. As a result, The Denver Hospice has implemented a method of disposal that helps prevent unused medications from contaminating the water on which all life depends.

At the time of a loved one's death, the task of disposing what is often a large amount of unused medications can be daunting. You may consider donating some of the medications and supplies to organizations for redistribution to those in need. Otherwise, the following guidelines are suggested for the disposal of unused medications.

1. In order to safeguard private health information, cross out the personal information on the medication containers. A black, permanent marker is helpful.

2. Keep medications in the original containers when feasible. If not, a plastic container such as a beverage container with a screw-top lid may be used. Multiple medications may be placed together in a single, large container that can accommodate larger volumes of waste.

3. Render the drugs unusable and prevent the unintended ingestion of discarded medication.
   - Liquids and IV Medications: Add kitty litter or flour to the container and recap. A funnel may be helpful.
   - Tablets and Capsules: Add rubbing alcohol or water to the container followed by kitty litter or flour. Recap the container.
   - Suppositories: Add kitty litter or flour to the container, and recap.
   - Transdermal Patches: Using disposable gloves when available, remove patches from the packaging. Cut the patch in half carefully, handling it by the edges. Place in a plastic container. Add kitty litter or flour to the container and recap.
   - Medicated Ointments and Creams: Mix kitty litter or flour into the original container. If this is not feasible, squeeze or scoop medication into a plastic container and mix in the kitty litter or flour. Recap the container.
   - Medication/Pill Organizers: Follow the guidelines for tablets and capsules. Use the original container or a plastic beverage container and add rubbing alcohol or water followed by kitty litter or flour. Recap the container.

4. Place all medication containers in a plain paper bag to discourage identification and tampering. Dispose of the paper bag in the trash bin.

Thank you for doing your part to protect our environment and our natural resources.
Donation List for Medical Supplies

*suggested donation list for medical supplies...*  
provided by The Denver Hospice

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>PHONE</th>
<th>NEEDS</th>
<th>PICK-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver Assistance League</td>
<td>303.322.5205</td>
<td>Durable Medical Equipment Only</td>
<td>No</td>
</tr>
<tr>
<td>Denver Zoo</td>
<td>303.376.4995</td>
<td>IV Supplies, Syringes, Dressing Supplies</td>
<td>No</td>
</tr>
<tr>
<td>Dominican Sister Home Health</td>
<td>303.322.1413 ext. 18</td>
<td>Durable Medical Equipment, Dressing Supplies</td>
<td>No</td>
</tr>
<tr>
<td>Greenwood Wildlife Rehabilitation Sanctuary</td>
<td>303.545.4849</td>
<td>Medical Supplies, Dressings, Syringes, IV Supplies</td>
<td>Call</td>
</tr>
<tr>
<td>Project C.U.R.E. (International)</td>
<td>Main Office 303.792.0729</td>
<td>Medical Supplies, IV Supplies, Fluids, Medical Equipment, Over-the-counter Medications that don't expire in the next 6 months</td>
<td>720.323.5448</td>
</tr>
<tr>
<td>Senior Hub</td>
<td>303.426.4408</td>
<td>Durable Medical Equipment Only</td>
<td>No</td>
</tr>
</tbody>
</table>
Pain Management Agreement

This agreement is being presented because a controlled medication is being prescribed to manage my pain or other symptoms. Studies have shown that the use of an agreement such as this provides education and prevents misunderstandings about these medicines. This agreement also helps both me and my doctor to comply with the laws regarding controlled prescription drugs and will address possible concerns regarding safety of these medications. This agreement has been modified to take into account the unique situations encountered in the hospice and palliative care setting.

I understand that this agreement will help establish and maintain the trust and confidence necessary in an effective treatment team/patient relationship, in order to protect my access to needed medications while protecting the treatment team’s ability to prescribe these medications.

I understand that the long-term use of medications such as opioids (narcotic pain relievers) and other controlled substances is controversial; however, in the hospice and palliative care setting, the careful use of such medications when the medical condition calls for them is considered standard medical care. While there is a risk of developing a substance use disorder (e.g., addiction) with the use of these medications, the risk is low when these medications are prescribed for legitimate medical conditions commonly encountered in hospice and palliative care. However, in persons with prior problems of addiction, there is a significant risk that these medications may trigger a relapse of that addiction.

I will communicate fully with my doctor or other member of the treatment team about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain. I will also communicate regarding any possible side effects or other changes in my condition.

I agree to communicate fully with my doctor or other member of the treatment team regarding any prior history of, or any concerns regarding, substance misuse or addiction.

I will not use any illegal controlled substances, including marijuana, cocaine, prescription medication prescribed for someone else, etc. I understand that the use of alcohol is discouraged while taking these medications.

I will not share, sell, or trade my medication with anyone. I will safeguard my medications against theft or becoming lost. I will store my medication in a safe manner in consultation with the treatment team. Lost or stolen medicines will likely not be replaced before the time of the next planned refill.

I understand that prescriptions will be provided only by the doctor whose name appears at the bottom of this agreement, or by his/her designated coverage physician. The treatment team will fully document the use of a coverage physician in my medical record, each time this occurs.

I will not attempt to obtain any controlled medicines, including opioid pain medicines, controlled stimulants, or anti-anxiety medicines from any other doctor. If another doctor does prescribe such medications for me, I will immediately inform the treatment team prior to obtaining that medication from the pharmacy.

I will obtain all prescribed controlled substances from the same pharmacy. Exceptions will always be reported to my treatment team, who must document this in my medical record. My chosen pharmacy is documented at the bottom of this form.

I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will likely result in my being without medication for a period of time. If the medication is not providing adequate relief, I will contact the treatment team. Changes in condition that require an adjustment in the medication or in an early refill will be done only upon a face-to-face evaluation by a member of the treatment team, including evenings or on weekends. Exceptions may be made only for emergencies; however, such exceptions will be thoroughly reviewed by the entire treatment team managing my care and documented in my medical record.

I agree that routine refills of my prescriptions for these medications will be made only at the times of a routine visit by a member of the treatment team. I agree that my unused medications will be available for my treatment team to inspect during any visit.

The use of unannounced blood or urine tests is standard and routine practice when prescribing these
medications in order to determine compliance with the treatment plan. I agree that I will submit to a blood or urine test if requested by the treatment team. The presence of unauthorized substances or the absence of the prescribed medication may prompt referral for substance use disorder and may jeopardize our ability to prescribe these medications to me.

I understand that if I fail to meet my obligations as described in this agreement, the treatment team will undertake additional measures to ensure compliance with the treatment plan and safety standards. These measures may include a variety of steps, up to and including possibly no longer prescribing any controlled medications. In this case, my doctor will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. Also, a drug-dependence treatment program may be recommended.

I authorize the doctor, other members of the treatment team, and pharmacy to cooperate fully with any city, state or federal law enforcement agency, including this state’s Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medicine. I authorize my treatment team to provide a copy of this agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.

I agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. A copy of this document has been given to me.

I understand that even if I decline to sign this agreement, the above provisions are a matter of standard prescribing practice and/or state/federal law, and will still be placed into effect.

My preferred pharmacy of choice is:

Pharmacy name ____________________________ Pharmacy phone ____________________________

This Agreement is entered into on this _______ day of ____________________________

Patient’s printed name ____________________________ Patient’s signature ____________________________

Treatment team members printed names:

Nurse ____________________________ Social Worker ____________________________

Physician ____________________________ Other (if any) ____________________________

Delivering team member’s signature: ____________________________

Page 2 of 2
Revised: 2011-06-23