

**UConn JOHN DEMPSEY HOSPITAL
DEPARTMENT OF PHARMACY SERVICES
M E M O R A N D U M**

To: Licensed Independent Practitioners at UConn John Dempsey Hospital

From: Ruth LaCasse Kalish, RPh Medication Safety Pharmacist
Kim Metcalf, PharmD Director of Pharmacy

RE: Therapeutic Duplications/Pain Scale Clarification

Date: November 1st, 2016

As of October 2016 Pharmacy & Therapeutic committee meeting, approval was granted for pharmacists to further clarify orders not in compliance with TJC (The Joint Commission) and hospital policies. This TJC Standard MM.04.01.01 is that *Medication orders are clear and accurate* thereby an order cannot be interpreted to allow a nurse or patient to choose a drug or dose. Medication orders for pain not encompassing the entire pain scale (e.g. order missing for 8-10) must have a corresponding nursing directive and information contained with the order of the lower pain scale to indicate to the nurse and pharmacist the omission of a higher pain scale was intentional. Please note that currently pain medications ordered via an order set come over automatically with nursing directive orders to notify pain score >9 and patient needs >3 dose of pain meds in 4 hours which can be modified. The following language was added to the therapeutic interchange policy document in which a pharmacist can take action:

- Any order for a parenteral (IV, IM, SQ) as needed (i.e., PRN) opioid will be discontinued when a subsequent order for a parenteral PRN opioid is placed unless there is clear criteria included on the order for when to administer one opioid over the other (e.g. breakthrough pain).
- Any order for a short-acting PRN oral opioid will be discontinued when a subsequent order for a short-acting oral PRN opioid is placed unless there is clear criteria included on the order for when to administer one opioid over the other (e.g. breakthrough pain).
- Any orders for parenteral or oral as needed (i.e. PRN) opioids will discontinued when a subsequent order for a PCA or epidural is placed unless a clear indication that both can be administered concurrently via an order clarified with the provider.
- Any orders for parenteral or oral as needed (i.e. PRN) opioids will be left unvalidated if ordered at the same time as a PCA or epidural unless a clear indication that both can be administered concurrently via an order clarified with the provider. Upon PCA or epidural discontinuation, parenteral or oral as needed opioids will be validated.
- Any orders with overlapping pain scales ordered at the same time will be clarified that the higher dose of medication is clarified to the higher pain scale as long as no medication is indicated for that pain scale.
 - Orders written for Oxycodone Immediate Release 2.5mg PO q4h prn pain 4-7 and Oxycodone Immediate Release 5mg PO q4h prn pain 4-7. Pharmacist will adjust the Oxycodone Immediate Release 5mg PO q4hr prn pain 4-7 to a pain scale of 8-10 upon validation.
- Any orders with pain scales of 1-3 or 4-7 and no order or information that include the higher pain scales will be clarified to include the higher pain scale as long as no medication is indicated for that pain scale.
 - Order written for Tramadol 50mg PO q4hr prn pain 4-7. Pharmacist will adjust the Tramadol 50mg PO q4hr prn pain 4-7 to a pain scale of 4-10 upon validation.
- Any orders with overlapping constipation medication orders for Milk of Magnesium (MOM) (onset of action can be between 30 minutes to 6 hours), Bisacodyl 10mg rectally (onset of action is approximately 60 minutes) and Fleet Enema PR will be clarified by the pharmacist to add the comments on sequence of usage.

Please contact Ruth Kalish or Kim Metcalf with further questions or clarifications. Our website can also be visited for the latest therapeutic interchange document or via this direct link:

<http://health.uconn.edu/pharmacy/staff-references/formulary-information/>

Thank you very much, Ruth Kalish & Kim Metcalf