



Pharmacy Department Policy Unit Dose Cart Fill

A. EFFECTIVE DATE:

August 17, 2021

B. PURPOSE:

To provide patient specific 24 hour supply of medications that are not stored nor dispensed from the Automated Dispensing Cabinet system.

C. POLICY:

The pharmacy shall accurately fill and provide inpatient unit-dose medication (ie, Cart-Fill) in accordance with accepted unit-dose standards defined by the American Society of Health-System Pharmacists if it is not feasible to have the medication loaded into the appropriate clinical unit/floor Pyxis® Automated Dispensing Machine.

D. SCOPE:

This policy applies to the 24 hour supply of patient specific unit dose medications that are distributed by the Department of Pharmacy for use at John Dempsey Hospital clinical care areas.

E. DEFINITIONS:

None

F. MATERIAL(S) NEEDED:

1. Epic® EMR/CPOE software
2. MedEx tracking software

G. PROCEDURE:

I. Unit Dose Cart Filling Function

1. Each clinical unit/floor will either have individual drawers in carts to be used for patient specific medication or a designated location in Pyxis®/medication room by room numbers.
 - Individual drawers in carts must have 2 patient identifiers on the drawers.
2. All drawers should be stripped of labels when patients are discharged by the pharmacy technician delivering the daily 24 hour unit dose patient specific medications to the clinical unit.

- A. Refrigerated Items
 - 1. Refrigerated medications should be set aside and kept in pharmacy refrigerator until time for daily delivery at 4pm. Exceptions to this would include doses due earlier than 4pm that day.

- B. Delivery of patient specific unit dose medications and Removal of Discharged or Unused Medications.
 - 1. Delivery technicians should place patient specific unit dose medications in the individual patient's drawer/bin or in the refrigerator if indicated.
 - 2. All discontinued or unused medications or discharged patients' medications should be removed by the pharmacy technician and returned to the pharmacy. This includes medications that are kept in the unit's medication refrigerator.
 - a. Discontinued or unused patient specific dispensed medications should be removed from the medication room return bin by the technician and returned to the pharmacy for proper processing.
 - b. Any unused and in date medications can be returned to the pharmacy inventory management system.
 - c. Expired or damaged medications are disposed of following proper pharmaceutical waste procedures.

II. Pend/Load process for Pyxis® Automatic Dispensing Machines.

- A. When an order for a medication not carried in the unit Pyxis® Automatic Dispensing Machine (ADM) arrives in central pharmacy, the central pharmacist or technician will assess for feasibility of adding it to the Pyxis® ADM. If appropriate, pharmacy personnel will "pend" the medication to the Pyxis® ADM, choosing an empty drawer or to replace a nonstandard medication that does not have a current order, and "load" the medication. The par level should be based on the number of units that shall be dispensed per day, filling for a 3-5 day supply.

- B. It is important to note that the first dose of such medication should be sent to the floor as soon as feasible if the dose is due before the next Pyxis® delivery will be completed.

- C. Medications that are replaced in the Pyxis® ADM should be returned to the pharmacy by the technician or pharmacist who replaces the medication in the ADM for return to stock. Control medications will be returned to the technician or pharmacist for restocking in the Pyxis CII safe.

H. ATTACHMENTS:

None

I. REFERENCES:

None

J. SEARCH WORDS:

Restock, Pyxis, unit dose

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

On File

N. FINAL APPROVAL:

- | | |
|---|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>11/08/2022</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>11/02/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>11/04/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>11/04/2022</u>
Date |

O. REVISION HISTORY:

Date Issued: 8/3/88

Date Reviewed: 12/29/14, 3/1/17

Date Revised: 10/7/88, 12/21/92, 11/16/93, 9/27/94, 11/24/97, 06/22/00, 10/20/03, 9/02/10,
12/29/14, 8/17/21