

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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SECTION 6: PATIENT CARE

POLICY: 6.055

SUBJECT: MEDICATION MANAGEMENT

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SUPERINTENDENT

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### I. POLICY

The prescribing of medication for the treatment of medical and psychiatric disorders shall be evidence-based whenever possible, and adhere to contemporary standards of practice. Continual evaluation of the patient through close monitoring by the attending psychiatrist, medical physician, and treatment team members will assure optimum effectiveness of medication and minimize the impact of medication side effects. Education of the patient as to the expected outcome, possible side effects, and dosage regimens shall be a part of the patient's ongoing health education by physicians, nurses, and pharmacists.

### II. DEFINITIONS

- A. "Medications" are chemical compounds that may be administered to humans in order to aid in the diagnosis, treatment, or prevention of disease or other abnormal condition as well as relieve pain or suffering.
- B. "CPOE" means Computerized Physician Order Entry in the EHR, Avatar.

### III. PROCEDURES

#### A. Evaluation Prior to Ordering Medication

- 1. Prior to the prescribing of medication, physicians shall obtain a comprehensive drug history with special emphasis on past responses to drug treatment and allergic/toxic reactions, use of illegal substances, tobacco and alcohol use, as well as over-the-counter and nutritional supplements. The patient's mental and physical examinations, as well as laboratory findings, shall always be considered. When such information is

not available or pending, the physician may consider a drug-free period of observation, if clinically appropriate.

2. Prior to prescribing medications, the physician shall explain their indication and potential side effects, and ascertain that the patient is giving fully informed consent for their use. This should also be a part of the patient's ongoing health education by licensed hospital staff. The use of Medication Fact Sheets, when appropriate, and the signing of the Medication Informed Consent form shall follow after the initial explanation. Otherwise, the administration of psychotropic medication to adult voluntary and involuntary psychiatric hospital patients must conform to Oregon Administrative Rules 309-114-0010 -309-0010-015 and OSH Medical Department Policy 5.001, Informed Consent.
3. On admission, the physician's order form is completed by the admitting physician or nurse practitioner and shall include patient's name, sex, age, diagnoses (both psychiatric and medical), diet, drug/food allergies, known adverse drug reaction history, height, weight, and pregnancy status, if applicable.

#### B. General Guidelines for Medication Orders

1. Each medication order shall contain the following required elements:
  - a. Date and time order written
  - b. Drug (written generically and spelled out completely)
  - c. Dosage strength
  - d. Frequency of administration
  - e. Route of administration
  - f. Reason, indication, or conditions necessitating drug use
  - g. Duration of therapy
  - h. Parameters for administration
  - i. Any other special instructions (as applicable)
  - j. Physician or Nurse Practitioner's signature
2. The following categories of medication orders shall include all of the required elements:
  - a. STAT orders
  - b. Orders for investigational medications
  - c. Medications to be administered via any medical device (i.e. nebulizer treatment, etc.)
  - d. PRN (as needed) orders
3. All medication orders shall be reviewed and reordered at least on a monthly basis. For its monthly Medication Reconciliation process, Oregon

State Hospital employs a computerized print-out of the most current pharmacy order summary (printed on Physician Order sheets) to trigger a monthly review and provide the cues for a complete medication treatment review including diet, diagnosis, allergy update, any discontinued medications, etc.

4. When writing orders, if more than one physician's order sheet is used, notification of continuation of orders shall be written at the bottom of the first page and the top of the second page.
5. Oregon State Hospital utilizes the following automatic discontinuation timetable:

Medication Category	Soft Stop	Hard Stop
Schedule II Narcotics (e.g. oxycodone, morphine, etc)		3 days
Schedule III Narcotics	7 days	30 days
Schedule II Psychostimulants (e.g. methylphenidate)		30 days
All other Schedule III, IV, and V	7 days	30 days
Cough syrups		7 days
Anti-diarrheals (loperamide)		3 days
"Z"-hypnotics (Zolpidem, Eszopiclone)	14 days	30 days
Antibiotics/antifungals	14 days	90 days
Topical products (ointments, creams, etc)	30 days	90 days

- a. Soft stop – Pharmacy will notify prescriber of ongoing utilization and request order renewal
  - b. Hard stop – Order will be automatically discontinued at the conclusion of the time period
6. Rewriting or modification of orders for the purpose of correcting errors shall conform to Medical Records guidelines.
  7. The Pharmacy provides medications in a daily cycle that runs from 2400 – 2359. These daily cycles are delivered at or around 1600 each day (except Sundays and holidays). All medication orders written after 1400 will automatically be started the following day unless the physician or nurse practitioner specifically requests an exception based upon medical or psychiatric needs. The prescriber should account for this by specifying start times when entering orders in Avatar CPOE.

8. OSH default medication administration times for common frequencies are as follows:
  - a. Daily – 0800
  - b. BID – 0800-2000
  - c. TID - 0800-1600-2000
  - d. QID – 0800-1200-1600-2000
  - e. HS – 2000
9. Whenever orders are changed, physicians/nurse practitioners shall discontinue the old order and write the new order, taking into consideration the timing of administration. Prescribers should avoid requiring medication starts after 1400 each day unless dictated by specific clinical circumstances. The Pharmacy department will automatically time orders for next day starts, unless otherwise indicated.
10. Order to hold medication can be written for up to 24 hours, after which the medication shall be resumed automatically by the pharmacy. If the prescriber desires to hold the medication for longer than 24 hours, then the medication order shall be discontinued and rewritten with the desired start date.
11. OSH does not allow the use of patient's own medications or nutritional supplements (see Policy Medications and Nutritional/Herbal Supplements 4.001/13.002).
12. All medication shall be written using full drug names, not abbreviations (i.e., Morphine Sulfate vs. MSO4, etc.). Use of abbreviations from the DO NOT USE Abbreviation list is not acceptable.
13. The following are not acceptable orders:
  - a. Blanket orders (such as "continue previous order", resume previous orders" or "discharge on current orders")
  - b. Range orders – example - "one or two tablets every 4-6 hours"
  - c. Compounded drug orders without specific approval from the Director of Pharmacy
  - d. Methadone for addiction withdrawal without prior involvement of county methadone maintenance program
14. All medications requiring dosage adjustment or according to blood levels shall be monitored through regular laboratory studies scheduled according to policy (i.e., clozapine, warfarin) governing the specific drugs or as clinically indicated.

15. When a patient is transferred to a general hospital for an emergency room or other evaluation, or for other reasons, and returned within 24 hours, medication orders do not need to be rewritten. All orders shall remain in effect unless specifically changed or discontinued. The recommendations from the outside facility shall be reviewed and implemented, if applicable, which may require writing new medication order(s).

C. Rewriting Medication Orders

1. When making an adjustment in the dosage of a currently prescribed drug, it is necessary to discontinue the previous order and rewrite the new order making certain all the required elements are present.
2. During the monthly medication reconciliation process, the computer generated order summary may be used to indicate order changes. Prescribers should ensure all orders, whether amended on the computer-generated Medication Reconciliation print-out, or hand-written, contain all required order elements.
3. Upon transfer of a patient from unit-to-unit, it is the responsibility of the receiving physician to review all previous orders. All previous orders shall be continued as previously written until the reviewing physician rewrites the orders.

D. Discontinuing Medication Orders

Any previous orders which are to be discontinued or modified shall be written with the word "discontinue" spelled out followed by the medication name.

E. Prescribing of Medication after Pharmacy Hours of Operation

1. Pharmacy hours of operation are as follows:
  - a. Salem – M-F 0700 – 1900, Sat 0700-1600. Closed Sundays, and all state holidays
  - b. Portland – M-F 0730-1630. Closed Sat-Sun, and all state holidays
  - c. A pharmacist is on-call during all hours that the pharmacy is closed, and can be reached by dialing the COM Center at 503-945-2800.
2. Prescribers should generally refrain from changing or initiating new treatment during pharmacy closure hours whenever possible. Exceptions include behavioral emergencies or incidents, need for antibiotic treatment, new onset of significant pain, or other medical or psychiatric urgent or emergent issues.

**F. Orders for Patients being Discharged**

1. Quantities dispensed to patients upon discharge are dependent upon their intended disposition as follows:

<b>Patient Disposition</b>	<b># Days Supply Dispensed</b>
Transfer to Jail in Salem	None needed
Transfer to Jail in other Oregon counties	2 days
Transfer to Secure Group Home	3 days
Discharge to independent living	14 days

2. If prescribers are aware of circumstances involving a patient's discharge disposition that would compromise their access to medications, they can contact the pharmacy and discuss an exception to the above discharge guidelines.
3. Oregon State Hospital pharmacy does not provide refills for patients not currently admitted as inpatients. Patients being discharged to independent living or other sites without contracted pharmacy services should be advised to develop a relationship with a pharmacy convenient to their domicile as soon as possible.

**G. Documentation with Medication Orders**

1. Target symptoms and behavioral problems to be treated shall be documented in Avatar. These signs and symptoms constitute a baseline against which the patient's clinical condition is evaluated, and also permit evaluation of the outcome of treatment interventions. Effects of medications on the target symptoms and behavior shall be recorded in physician progress note section in Avatar on at least a weekly basis for the first two months of hospitalization, and monthly thereafter.
2. A progress note shall be entered in Avatar at the time the medication is first prescribed, or the treatment initiated, as well as at the time of each renewal or modification of an order. The progress note shall include the following:
  - a. An explanation of the intended purpose of the medication or treatment, with specific reference to the target symptoms that these are designed to alleviate.
  - b. In the case of reorder or modifications, an assessment of the efficacy of the medication, and a justification or description of the side effects being experienced. If side effects are noted, refer to policy 1.002 – Adverse Drug Reaction Reporting

3. Medication is one of the foremost treatment modalities and, as appropriate shall be included in the patient's treatment plan.
4. If a psychiatrist or psychiatric nurse practitioner orders psychotropic medication(s) at dosages that exceed OSH dosage guidelines or employs polypharmacy (two or more drugs within the same class), justification for doing so shall be included in the psychiatrist's monthly progress note in Avatar.

#### IV. REFERENCES

OAR 309-114-010 – 309-114-015  
OSH Informed Consent Policy 5.001  
Automatic Stop Orders – 1.007  
Medications and Nutritional/Herbal Supplements 4.001/13.002  
Clozapine Management System – 3.002  
Anticoagulation Monitoring 6.037/1.005  
Adverse Drug Reporting -1.002  
OSH DO NOT USE Abbreviation List

New OSH Policy