

# Madison County Department of Emergency Medical Services

## Standard Operating Guideline



Title	Drug Storage, Accountability, Usage
Number	013
Adoption Date	1/1/07
Revision Date	3/02/09
Approved by	Lewis Jenkins, EMS Director



### Purpose:

To provide a procedure for Madison EMS (MEMS) employees to account for, stock/restock, use and store drugs obtained from Culpeper Regional Hospital (CRH) pharmacy, and for the storage and use of drug boxes provided by University of Virginia (UVA), Martha Jefferson (MJH), and CRH hospital pharmacies.

### Policy:

#### A. Drug Storage

1. The drug storage cabinet in the MEMS building is to remain locked when not in use, per Virginia OEMS and Board of Pharmacy guidelines.
2. Drug bags will be placed on the ambulances whenever MEMS employees staff an ambulance. The current Madison County Rescue Squad (MCRS) ambulances carry both a cardiac drug box and a trauma drug box. Although space will vary between truck drug box compartments, one of the drug boxes will need to be removed and stored/locked in either the MEMS or MCRS drug cabinets. It is the responsibility of the employees to reverse this process whenever the ambulances are unstaffed.
3. Whenever a MEMS employee works overnight, it is permitted to keep the drug bags on the ambulances in their locked compartments. In all other cases, the drug bags will be stored/locked in the MEMS drug cabinet.

#### B. Drug Accountability (Daily/Monthly)

1. During the daily staffing of ambulances, MEMS employees will document the cardiac drug box number and the drug box seal number on the daily ambulance checklist.
2. All narcotic boxes within the MEMS drug bags will be inventoried twice daily (at 0500 and 1800), and documented in the Controlled Substances Log book.\* Items to be accounted for include:
  - a. Narcotic box number/box seal number – boxes are to be sealed at all times when not open for patient use
  - b. The number of midazolam, lorazepam, fentanyl vials
  - c. If CRH narcotic pack sealed: record pack seal number only
  - d. If CRH narcotic pack unsealed: the number of morphine, diazepam, meperidine, midazolam vials present in the bag – then re-seal box

\* If there are any drugs or seals missing, or drug containers are found broken, a special report must be completed to document the discrepancy. Before cleaning up any broken drug containers, be sure to document a

witness to the event. The box should then be sealed and the remaining items to be accounted for.

3. All MEMS drug bags should be checked on a monthly basis to ensure that all drugs and equipment are up-to-date. In addition, any items that will expire the following month from the date the bag is checked should be restocked. Example: For a check that occurs on 2/16/09, restock all items that will expire before 3/31/09.

C. Drug Usage, Stocking/Restocking, Exchange

1. MEMS employees have the option of using either an agency-owned drug bag or a trauma or cardiac drug box when performing ALS.
2. Each drug bag zipper-compartment is to remain sealed/locked at all times, except during and after patient use, and during restocking directly after a call or during a daily/monthly check. If a bag is found unsealed with no paperwork, check the bag, do all necessary paperwork, and do a special report.
3. MEMS employees are not responsible for exchanging drug boxes at the hospital unless specifically used by MEMS employees, or found to be expired.
4. When employees administer drugs or IV fluids, this information will be documented on the patient's PPCR left at the hospital and on the chart in EMS Charts.
5. If ALS care using a drug box/bag is initiated, and the patient is not transported, and/or care is transferred to another transporting agency, the MEMS medical director will sign the PPCR for the ALS care performed, as per Virginia OEMS regulations.
6. Upon return to the station, it is the driver's responsibility to ensure that the drug/IV bags are restocked utilizing a drug bag replenishment form. The drug cabinet does contain a small reserve supply of certain drugs, but it is expected that if the patient is transported to CRH, any drugs used will be exchanged before return to station through the pharmacy or the pyxis.
7. In the event that restocking of drugs cannot occur prior to the return to station (i.e., patient was transported to UVA and a drug bag was opened), and the cabinet does not contain the necessary supplies, the following should occur:
  - a. The drugs needed should be noted on the drug bag replenishment form
  - b. All open bag sections should be sealed; any that are missing equipment/drugs should be sealed with a temporary seal to maintain accountability
  - c. The bag should be taken out-of-service and labeled as such with the blaze orange cow tag
  - d. A copy of the call sheet with the physician/PA signature, a completed CRH drug replenishment form, and the MEMS drug bag replenishment form

should be left with the drug bag.

8. While it is the responsibility of the AIC to ensure that drugs used are exchanged at CRH, extenuating circumstances do occasionally prevent the exchange from occurring. Therefore, the entire agency should work together to ensure that all out-of-service drug bags, for whatever reason, be placed back in-service as soon as possible.
9. Below are the drug exchange procedures for each type of exchange:
  - a. Drug boxes – trauma and cardiac boxes can be exchanged 24/7 at the following locations:
    - i. UVA – MD must sign state PPCR, get a chargeable or non-chargeable sticker, or patient registration sticker, and place this on your copy that is turned into the pharmacy.
    - ii. MJH – MD must sign PPCR and give a copy to the pharmacy
    - iii. CRH – MD/PA must sign PPCR, access ED pyxis system as below to retrieve the “UVA CT box key” to exchange drug boxes. Cabinet is located next to the ED door ambulance entrance. Leave a copy of your state PPCR with the *USED* box. Fill out the CRH sign-in/out book and have a nurse witness.
  - b. CRH one-for-one drug exchange for MEMS drug bags
    - i. Log on to Pyxis using:  
Login: **EMS.Your initials**  
Password: **ABC123** (initially, then set your own password) or use your Bio ID (fingerprint). Remember this password.
    - ii. Touch “Remove” button
    - iii. If the patient’s name cannot be found in the list, touch “Add patient” button and type in **EMS.Patient’s last name**
    - iv. Choose drug needed and quantity, and remove from pyxis
    - v. Close drug drawer and log out / exit system
    - vi. Open folder behind pyxis and fill out the CRH drug replenishment form. List drugs taken and quantity, put form and copy of MD signed PPCR back in the same folder and return to wall bracket behind the pyxis.
    - vii. Drug waste – if this applies, have a nurse sign on the PPCR and pyxis form.
    - viii. If fentanyl is used, an ED nurse must obtain it from the pyxis for you, or you can go to the pharmacy.
  - c. Expired drug exchange at CRH Pharmacy
    - i. ALL expired drugs will be exchanged in the pharmacy and NOT out of the pyxis system.
    - ii. Pharmacy hours are: M-F 06:30 – 20:00; Sat, Sun, Holidays 07:30 – 18:00
    - iii. Pharmacy contact is: Dennis Smith (Director).