

	A03 - HIGH ALERT MEDICATIONS	
	POLICY	
Version date: 2024-03-20	Effective Date: 2024-05-15 (0700)	

NOTES
<p>1. High-alert medications require additional safeguards including independent double-checks, specific storage instructions, and label requirements to enhance patient safety and reduce errors that may lead to the possibility of serious harm. The Shared Health Provincial Clinical Standard for High-Alert Medications (HAM) has been developed to promote the safe prescribing, labelling, packaging, storage, preparation, administration, and monitoring of high-alert medications. This clinical standard and HAM list are applicable to all provincial clinical areas, including Emergency Response Services (ERS).</p> <p>2. Appendix A includes the medications that are used by ERS during primary response and the exceptions under which they are exempt from some aspects of the clinical standard.</p> <p>For example, medications required during cardiac resuscitation do not require an independent double-check. However, paramedics should still ensure that all other safe medication administration principles are followed (H04).</p> <p>3. Reference H03.1 contains the Shared Health clinical standard, while H03.2 contains the most recent listing of high-alert medications, some of which paramedics may encounter during interfacility transfer.</p> <p>4. Except as noted above, an independent double-check is mandatory when preparing and administering a high-alert medication, including a double-check of all calculations performed. The double check must always include visual as well as verbal verification.</p> <p>The paramedic who will be administering the high-alert medication must be one of the two individuals who perform the independent double-check.</p> <p>5. If a paramedic is working alone, they must perform a self-check when preparing and administering a high-alert medication.</p> <p>If possible, they should perform another unrelated task between the initial calculations, medication preparation, and self-checking. This is referred to as a time-out.</p> <p>6. ERS requires a double-check when certain medications are given to pediatric patients, regardless of the route.</p> <p>7. During medication <u>preparation</u>, the double-check must include:</p> <ul style="list-style-type: none"> • The correct medication and concentration • The correct volume of medication needed • The correct type and volume of diluent (if applicable) • The correct volume and concentration of the finished preparation <p>8. Infusion <u>labelling</u> must include:</p> <ul style="list-style-type: none"> • The drug name, dose, concentration, and volume • The diluent type and volume (if applicable) • The patient's name • The initials of both paramedics <p>9. During medication <u>administration</u>, the double-check must include:</p> <ul style="list-style-type: none"> • The correct patient

- The correct medication and concentration
 - The correct dose
 - The correct route of administration
 - The correct time (if applicable)
- In addition, the double-check of all intermittent and continuous infusions must also include:
- The correct rate of administration
 - The correct pump settings
 - The correct administration set
10. Double-checks of infusions are required when:
- Establishing the infusion
 - The rate or dose is changed
 - The infusion container is changed
11. The paramedic who prepared the medication and the paramedic who performed the double-check must both sign the patient care record (PCR).

LINKS / REFERENCES
<ul style="list-style-type: none"> • H03.1 - SHARED HEALTH PROVINCIAL CLINICAL STANDARD FOR HIGH-ALERT MEDICATIONS https://healthproviders.sharedhealthmb.ca/files/ham-standard.pdf • H03.2 - PROVINCIAL HIGH-ALERT MEDICATIONS LIST https://healthproviders.sharedhealthmb.ca/files/ham-provincial-list.pdf • H04 - SAFE MEDICATION ADMINISTRATION

APPROVED BY	
	
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VERSION CHANGES (refer to X01 for change tracking)
<ul style="list-style-type: none"> • Appendix A revised to include medications used for emergency situations • Medications likely to be encountered on IFT listed in reference H03.2

APPENDIX A: HIGH ALERT MEDICATION IN PRIMARY RESPONSE

AGENT	EXCEPTION (DOES NOT REQUIRED DOUBLE-CHECK / SELF-CHECK)
Amiodarone (M14)	<ul style="list-style-type: none"> • IV direct during resuscitation
Calcium chloride (M26)	<ul style="list-style-type: none"> • IV direct during resuscitation
Dextrose (M06.2)	<ul style="list-style-type: none"> • IV direct
Enoxaparin (M43)	<ul style="list-style-type: none"> • Subcut / IM from prefilled syringe
Epinephrine (M05.2)	<ul style="list-style-type: none"> • IV direct during resuscitation; IM / autoinjector (anaphylaxis, asthma)
Fentanyl (M03.2)	<ul style="list-style-type: none"> • IV direct / subcut / IM from vials containing 100 mcg or less (adults only) ⁶
Ketamine (M17)	<ul style="list-style-type: none"> • IV direct (adults only) ⁶
Magnesium sulfate (M24)	<ul style="list-style-type: none"> • IV direct
Midazolam (M07.1)	<ul style="list-style-type: none"> • IV direct (adults only) ⁶
Morphine (M03.1)	<ul style="list-style-type: none"> • IV direct / subcut / IM from vials containing 15 mg or less (adults only) ⁶
Nitroglycerin (M21)	<ul style="list-style-type: none"> • Sublingual or transdermal
Oxytocin (M16)	<ul style="list-style-type: none"> • Postpartum
Sodium bicarbonate (M18)	<ul style="list-style-type: none"> • IV / IO direct during resuscitation
<p align="center">For the purposes of this policy, <i>IV direct</i> is the administration of a medication, usually over less than 5 to 10 minutes, through an injection site adjacent to the needle, catheter or intraosseous device, or directly into a vein.</p>	