Provincial High-Alert Medication Clinical Standard and List

Frequently Asked Questions (FAQ)

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High-Alert Medication List

General

1. Will the Clinical Standard be assigned a Number? Currently, "Standard Number: XX-XXX-XXX V1".

No, currently, all provincial clinical guidelines or standards are not numbered. XX-XXX-XXX V1A is a placeholder for future numbering.

Special Considerations

2. The term 'client/patient' is used within the Provincial Clinical Standard. Are 'residents' of health facilities included?

Yes, the term client/patient is inclusive of residents.

The definition of client/patient is an individual and/or their family/care provider who accesses and/or receives healthcare-related services from a facility or program, including affiliate or grant- funded agencies. Clients/patients may be clients/patients in an acute care setting, residents in a personal care home, or clients/patients in a community program or facility.

3. Do Anesthesiologists need to perform double-checks with visual verification when administering non-neuraxial route High-Alert Medications?

An independent double-check with visual verification prior to preparation and administration, including all pump settings and line connections, is required for:

- All neuraxial medications administered by Anesthesiologists (single doses and continuous infusions).
- All local anesthesia medications (e.g. Bupivacaine, Ropivacaine, Lidocaine), including but not limited to additional medications, e.g. Dexmedetomidine and Dexamethasone, when given as a peripheral continuous infusion.

All other medications are <u>exempt</u> for Anesthesiologists.

4. Are non-Anesthesiologist physicians required to follow Provincial Clinical Standards and List when administering High-Alert Medications?

Yes. The provincial clinical standard applies to all Health Care Practitioners and includes but is not limited to physicians, nurses, allied health and support services staff that, by legislation or by Service Delivery Organization (SDO) site or service policy, may prescribe, prepare and/or administer medication.

5. There are different types of learners within the system. Does the Clinical Standard apply to all learners?

The HAM Clinical Standard is inclusive of learners from all backgrounds. A definition of learner is included within the standard:

Individuals registered in a pre-licensure health professions program, including but not limited to Paramedic, Respiratory Therapist and Nursing Students.

<u>Nursing students, UNEs and learners</u> from other professions cannot perform the **second** independent double-check with visual verification. The **second** independent double-check with visual verification must be completed by a <u>licensed SDO employee</u>.

Graduate nurses are licensed by the Nursing College and are employed by a facility. They are allowed to perform the second independent double-check.

Employed staff that are not yet licensed, such as internationally educated nurses - UNEs, are considered learners as they are bridging into clinical practice and are not licensed as independent healthcare practitioners.

Graduate nurses, student nurses, UNEs and learners from other professions may not perform a self- checking procedure.

6. **What 'SDO audits' are completed annually?**

Each year, the SDO Medication Quality and Safety Committees or equivalent structures audit compliance with High-Alert Medication clinical practice.

High-Alert Medications audited will reflect the Provincial Clinical Practice Standard and list once implemented by each SDO. See WRHA Insite (Intranet) for an example of an SDO HAM Audit schedule https://home.wrha.mb.ca/medication-quality/audit/.

Preparation and Administration

7. **What happened to "Emergency Situation Timeout Procedure" that was present in the HAM List?**

Emergency Situation Timeout Procedure was used in the initial, distributed version of the HAM List. It has since been replaced with language that aligns more closely with the Clinical Standard (section 2.2):

EXCEPTION: when administered in emergency situations, defer to SDO-specific procedures

HAM List Example:

Antiarrthymic Agents	Diltiazem**	IV/Intraosseous infusion	Continuous and intermittent infusions, IV/Intraosseous infusion EXCEPTION: when administered in emergency situations, defer to SDO-specific procedures

Emergencies are exceptional circumstances, where an independent double-check with visual verification may not be possible. Certain High-Alert Medications are exempt from independent double-checks in emergency situations; however, Health Care Practitioners are then to defer to SDO-specific policies or procedures for guidance. SDO policies, such as Code Blue, may define what constitutes an emergency, if double-checks are required or how to perform a HAM double-check in emergency situations e.g. recommending that Health Care Practitioners defer to a self-checking timeout procedure where reasonable.

At the end of the HAM List it provides clinicians with additional information:

EXCEPTION: when administered in emergency situations, defer to SDO-specific procedures

Health Care Practitioners are to follow SDO-specific procedures, such as a Code Blue policy, for the preparation and administration of HAM in emergency situations.

8. **Are the initials of both healthcare practitioners required on the HAM preparation label, or is it only recommended?**

HAM infusion labelling practices (2.2.2.2) are listed as 'recommended' because of system limitations to influence commercial manufacturer and pharmacy labelling practices.

The two Health Care Practitioners who prepared the HAM and performed an independent double- check of the calculations are to document their initials on the preparation label. Due to its placement under 2.2.2.2, it may be misinterpreted as a recommendation. However, this is not the case.

9. **Medication bubble packs in Community and Home Care: Are independent double-checks with visual verification, or is self-checking with timeout procedure required?**

Bubble packs in Community and Home Care are <u>exempt</u> from HAM independent double-checks with visual verification and self-checking with timeout procedures.

Healthcare workers opening a bubble pack on behalf of a resident or client are performing the task they would otherwise perform. This is considered a medication assist (med assist) and not the equivalent of medication administration.

10. **In section 2.2.3.2, an exception exists for specific HAM when titrating in high-acuity environments. Does this apply to pediatric high-acuity areas?**

Independent double-checks are not required when titrating continuous infusions as per prescriber/physician orders of antiarrhythmics, vasopressors/inotropes, midazolam, and propofol in
- Adult Intensive Care Units (MICU, SICU)
- Post-Anesthesia Care Units (PACU)
- Critical Care Transport Teams

See the High Alert Medication List with double asterisks (**) for specific medications.

Pediatric high-acuity clinical environments including pediatric Critical Care Transport Teams have an established practice to always perform independent double-checks with visual verification when titrating High-Alert Medications. This practice will continue and so the exception does not apply to pediatrics.

Storage and Flagging of High-Alert Medication

11. **What is the Parental Drug Monograph High-Alert Symbol described in section 2.2.4.2?**

When provincial parenteral drug monographs come into effect in the future, a High-Alert Medication symbol will be developed. Current SDO Parenteral Drug Monograph flags, such as a black High-Alert Medication banner, will remain unchanged.

12. What Electronic Medical Record (EMR) changes are anticipated?

An EMR High-Alert Medication flag for all provincial HAMs will not be available before SDO implementation. SDO EMR HAM flags will remain unchanged but they may not align with the current Provincial HAM list. Alignment with the provincial HAM list for EMR High-Alerts is dependent on the completion of an ongoing EMR implementation project.

The co-signing fields within the EMR will continue to be an existing function for documenting the initials of the Health Care Practitioner(s) that performed the independent double-check with visual verification or self-check with timeout procedure.

High-Alert Medication List or Medication-Specific Questions

13. Why are certain medications or routes designated as High-Alert while others are not listed or exempt?

Medications were individually evaluated on several criteria, some of which, included their risk of patient/resident/client harm, the severity of harm and the Health Care Practitioner workload associated with an independent double-check with visual verification or self-check with timeout procedure.

14. Medications that used to be on the SDO High-Alert Medication List are no longer on the Provincial High-Alert Medication List. What should a Health Care Practitioner do?

The removal of a medication or administration route from the Provincial High-Alert Medication List indicates that the medication or route is NO longer designated as High-Alert Medication. The provincial standard of practice does not require independent double-checks with visual verification or a self-check with a timeout procedure for medications not listed.

SDOs, facilities, programs or units may choose to revise or create policies, guidelines or standard work to direct additional medication safety practices. These additional safety requirements apply only to those Health Care Practitioners working within the SDO, facility, program or unit; however, they are not considered High-Alert Medications.

Check with your education and practice leadership before stopping previous 'High-Alert Medication' safety checks. They will guide you to new policies, guidelines or standard work to help inform your clinical practice.

15. Is there an infusion titration exemption for Oxytocin in high-acuity Labour and Delivery environments?

Currently, Oxytocin is listed as a High-Alert Medication requiring independent double-checks with visual verification or a self-check with a timeout procedure. Should immediate titration of an Oxytocin infusion be required for the safety of the patient(s) and a second Health Care Practitioner is not readily available to perform an independent double-check with visual verification then a self- check with timeout is recommended.

Provincial HAM Oxytocin guidance is under review.

16. **Do sublingual, intranasal and dermal patch Fentanyl administration routes require an independent double-check with visual verification or a self-check with a timeout procedure?**

    Yes, Fentanyl is designated as a High-Alert Medication for <u>all</u> routes except when it is drawn from an ampoule or vial with less than, or equal to, 100mcg per container. See HAM List.

17. **Is an Insulin pen a High Alert Medication even though the Insulin is not drawn from a vial?**

    Yes, Insulin pens are considered a High-Alert Medication. Dialling a dose on the pen is equivalent to drawing up Insulin in a syringe. Safety checks have to be performed during HAM preparation and before administration.

18. **Do pharmacy pre-filled syringes of cytotoxic medications, such as methotrexate and cytarabine require HAM double-checks with visual verification or self-check timeouts before subcutaneous administration in Community or Home Care environments?**

    Yes, the HAM independent double-checks with visual verification or self-checking with timeout procedure would apply to the administration of pre-filled cytotoxic medication(s).