Southeast Michigan Medication Exchange and Replacement Procedure

VEHICLE STOCK

A. Each approved ALS unit will carry one GREEN LOCK SEALED Southeast Michigan (SEM) Regional Medication Box and A-Pack (Ancillary Pack). Only appropriately numbered Medication Boxes and A-Packs issued by the participating Medical Control Authority are to be stocked by participating hospital pharmacies and issued to approved ALS units.
B. Each EMS agency will be responsible for providing any additional equipment required by Michigan Department of Health & Human Services – Bureau of EMS & Trauma (MDHHS).
C. All drugs, needles, syringes, and supplies will be stored in a securely locked and temperature-controlled location on each approved unit. Medication Boxes/A-Packs will remain sealed at all times except when in actual use.
D. Medication Boxes/A-Packs are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. Inspection items include, but are not limited to: the Medication Box/A-Pack is locked in a compartment, the green lock is intact, the lock # matches number on the label, and medications are not expired. It is recommended that this inspection be included in a standard documented vehicle checklist.
E. Agencies are responsible for maintaining Medication Boxes/A-Packs not in use by a crew in a locked and secured location, and have a system in place to restrict who accesses that location.
F. Unopened Medication Boxes/A-Packs are to be exchanged within seven (7) days of the, “Use or Replace By” date.

USE/REPLACEMENT/EXCHANGE

A. Medication Boxes/A-Packs will only be opened by a Paramedic when presented with a patient requiring Advanced Life Support care (when acting on written or transmitted orders from a physician at an appropriate On-Line Medical Control Facility) or the Pre-Medical Control section of approved treatment protocols.
B. Red/Green Lock Procedure for Medication Boxes/A-Packs
    1. The Medication Box/A-Pack will be sealed using a green lock bearing the number indicated on the label.
    2. After the pharmacy inventory/restocking is complete, a red lock bearing the number indicated on the label will be placed in the Medication Box/A-Pack to be used by the Paramedic to seal the Medication Box/A-Pack after it has been used.
    3. When the Medication Box/A-Pack is opened by the Paramedic the broken numbered green lock will be placed in the Medication Box/A-Pack and delivered with the used Medication Box/A-Pack to the replacing pharmacy.
    4. After use the Paramedic will seal the Medication Box/A-Pack for exchange with the red lock from the Medication Box/A-Pack bearing the number indicated on the label.

C. OPTIONAL (MCA adoption required) Red/Green/White/ (or Yellow) Lock Procedure for MEDICATION BOXES ONLY

1. After the pharmacy inventory/restocking is complete, a red lock and green lock bearing the respective numbers indicated on the label will be placed in the Medication Box to be used to seal the box after initial inspection (green lock) and after post use inspection (red lock).
2. The Medication Box will be sealed using a white (yellow) lock.
3. After the Medication Box is inspected jointly by the Paramedic and ED/Pharmacy representative the Medication Box will be sealed with the green lock, from the Medication Box, bearing the number indicated on the label.
4. When the Medication Box is opened by the Paramedic, the broken numbered green lock will be placed in the Medication Box and delivered with the used Medication Box to the replacing pharmacy.
5. After use, and after joint inspection of the Medication Box for exchange by the Paramedic and ED/Pharmacy representative, the Paramedic will seal the Medication Box with the red lock from the Medication Box bearing the number indicated on the label.

MEDICATION BOXES:

A. All Participating Hospitals will have Medication Boxes/A-Packs, with contents as approved by the participating Medical Control Authorities and MDHHS, available for replacement of supplies used by approved ALS Units. Replacement Medication Boxes/ A-Packs will be maintained in a locked area, under the control of hospital staff, which is available 24 hours a day, 7 days a week. This area will be located within the either Emergency Department or Pharmacy of the Participating Hospital. Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to medications and other related supplies.

B. Medication Boxes/A-Packs used by approved ALS units for patients transported will be replaced, at the time of the run, by the receiving hospital according to established procedure. Where the receiving facility does not participate in the Regional EMS Medication Exchange System and/or supplies are expended for a patient who subsequently is not transported, the unit will proceed immediately to the Regional Participating Hospital which provided Medical Control for the run to complete replacement. A PCR will be submitted when completed.

C. Use of any supplies contained in the Regional Medication Box/A-Pack will be documented on the Use/Replacement Form for exchange and the PCR of the patient for whom the supplies were used. This includes any medications or supplies prepared for use but not actually administered to the patient.

BOX CLEANING

A. All empty containers, packaging and used materials will be properly disposed of by the ALS crew that used the Medication Box/A-Pack.

B. The EMS crew using standard hard surface decontamination techniques will clean any blood or body fluid contamination to the exterior of the Medication Box.
C. If there is blood or body fluid contamination to the interior of the Medication Box/A-Pack, or to any unused materials or packaging, the EMS crew will clean and dispose of contaminated material. If direction is needed in the cleaning and disposal of contaminated materials the crew can contact the receiving hospital pharmacy.
D. All unused, un-contaminated supplies will be returned to the Medication Box/A-Pack.

THE ALS CREW WILL:

A. For all SEM runs, complete the Use/Replacement Form (See Addendum) contained in the Medication Box/A-Pack. The form shall serve as the permanent medical record for drugs administered, and the paramedic will document their MCA Medical Director's name when any controlled substance is used. For post-radio-controlled substance orders, document the ordering physician's name on the Replacement Form.
B. The ALS crew is responsible for proper distribution of the completed forms.
C. The expended Medication Box/A-Pack (cleaned as described above and red sealed) and the completed Use/Replacement Form will be presented to an appropriate member of the hospital staff who will issue a fresh Medication Box/A-Pack (green seal). A member of the ALS crew and the hospital staff member will complete the exchange log sheet.
D. In the event that controlled substances are prepared for use and not used or the entire contents of a container are not used, the remaining medication will be appropriately wasted by ALS crew member in the presence of licensed hospital personnel/or other ALS crew member. The following will be recorded on the Use/Replacement Form:
    1. The name and amount of the medication wasted.
    2. The initials of the ALS crew member, hospital personnel or other ALS crew member witnessing the waste.
E. All requests for information concerning the "Use/Replacement Form" by other agencies are to be directed to the appropriate Medical Control Authority.

EXPIRATION OF DRUGS/SOLUTIONS

A. All items in a SEM Regional Medication Box/A-Pack will have expiration dates not less than 90 days after the Medication Box/A-Pack is prepared.
B. Any unused items bearing expiration dates less than 90 days subsequent shall be removed from the Medication Box/A-Pack and replaced with fresh stock as described in A above
C. Each Regional Medication Box/A-Pack will have a label securely attached to the outside containing the following information:
    1. The name of the participating hospital pharmacy, which restocked the Medication Box/A-Pack.
    2. The date the Medication Box/A-Pack was restocked.
    3. The printed name and initial of the pharmacist and pharmacy technician that inventoried and restocked the Medication Box/A-Pack.

4. The expiration date is the last day of the month of the earliest expiring medication (with a maximum of one year from the current date). The Medication Box/A-Pack label will include the month/day/year in the "use or replace by" section.
5. The red and green lock numbers.
6. The Medication Box/A-Pack number.

MEDICATION BOXES – ALTERNATIVE PACKAGING AND SHORTAGES:

A. Routinely, participating hospital pharmacies must provide items only in the dosage, concentration, and packaging listed. Use of alternative vendors or manufacturers is acceptable if consistent with the required contents.
B. For products in short supply hospital pharmacies may stock the Medication Boxes/A-Packs with less than a 90-day expiration date.
C. When a medication in alternative packaging is the only product available, place alternative medication, use directions and supplies for medication preparation inside the Medication Box/A-Pack.
D. Attach a sticker to the exterior top of the Medication Box or to the clear side near the bottom of the A-Pack stating the substitution.
E. Directions for specific medications in short supply, throughout the regional exchange system will be addressed through communications with participating pharmacies as approved by the Regional Protocol participating MCAs.

DISCREPANCIES

DEFINITION: For purposes of this policy, a "discrepancy" is any breakage, expiration, shortage, theft or diversion of a Regional Medication Box/A-Pack, or any contents thereof.

A. A standard "MEDICATION DISCREPANCY REPORT" (See Addendum) will be completed each time a discrepancy occurs. The form may be initiated by either pre-hospital or hospital staff discovering the discrepancy. The person initiating the report will be responsible for distributing the forms as required.
B. The Medical Control copy of discrepancy reports will be sent to the Medical Control Authority in which the discrepancy occurred, which will serve as the central filing point.
C. A copy of the PCR for the run on which the discrepancy occurred/was discovered is to be attached to each copy of the discrepancy report where applicable
D. The participating hospital pharmacist is to be notified immediately if controlled substances are involved in a discrepancy. The participating hospital pharmacist will determine if the discrepancy constitutes a diversion of controlled substances.
   In addition, the following are to be notified of controlled substance diversions:
   1. The Medical Control Authority in which the diversion occurred.
   2. Drug Enforcement Administration (DEA)
   3. Michigan State Board of Pharmacy
   4. Appropriate local law enforcement agency (for the jurisdiction where the diversion most likely took place)
   5. Michigan Department of Health & Human Services (MDHHS).
E. <u>The participating hospital pharmacist will be responsible for assuring that all appropriate notifications are made.</u>

F. If, at any time, an ALS unit has less than the required stock of Medication Box/A-Pack supplies and cannot document use of these supplies in connection with a patient, a discrepancy report must be completed. The completed discrepancy report, along with a completed Use/Replacement Form indicating the EMS Provider Agency Name under "Patient Name" and clearly marked "Replacement for Missing Stock" will be presented to the agency's Base Hospital Pharmacy for replacement. The ALS agency can be held accountable for replacement.

DRUG BOX CONTENTS:

Acetaminophen	Alcohol Pad
Adenosine	Incident Report Form
Albuterol	IV Additive Labels
Amiodarone	IV Tubing with Y Site Pre-pierced Reseal
Aspirin	Nebulizer
Atropine	Blunt Cannula
Calcium Chloride	Filter Needle
Ceftriaxone	Intranasal Mucosal Atomization Device
Dextrose 50%	Syringe
Diphenhydramine	Syringe
Epinephrine	Syringe with needle/Luer Lock
Epinephrine	Syringe with needle
Fentanyl	Oral Liquid Syringe
Ipratropium Bromide	Needle
Ketamine	Pediatric Needle
Ketorolac	Red Lock
Lidocaine	Replacement Form
Magnesium Sulfate	Three or Four-Way Stopcock
Methylprednisolone	
Midazolam	
Morphine	
Naloxone	
Nitroglycerin	
Ondansetron	
Ondansetron ODT	
Prednisone	
Racepinephrine 2.25% with 3 mL NS	
Sodium Bicarbonate	
Sodium Chloride	
Sodium Chloride	
Tranexamic Acid (TXA)	

A-PACK CONTENTS

[redacted]
Albuterol
Aspirin
Dextrose 50%
Intranasal Mucosal Atomization Device
Ipratropium Bromide (in baggie)
Naloxone
Nitroglycerin
Nebulizer
Ondansetron
Ondansetron ODT
Prednisone
Blunt Cannula
Syringe 3 mL with needle
Red Lock
Replacement Form
Incident Report Form
Three or Four-Way Stopcock