Purpose

To provide a standardized approach to manage High-Alert Medications (HAM) in order to:

- Prevent harm to patients/residents/clients from adverse medication events involving HAM.
- Align with Accreditation Canada Required Organizational Practices (ROP) and other safety-oriented standards with regard to HAM.

To provide a standard process to manage the labelling, storage, purchasing, access, and dispensing of HAM in order to minimize risk and prevent patient harm as part of Covenant Health’s HAM strategy.

Policy Statement

Covenant Health is committed to patient safety and to minimizing the risk of medication errors involving HAM. Covenant Health shall at minimum meet the requirements set by Accreditation Canada Required Organizational Practices (ROP) by employing standardized risk avoidance strategies. Covenant Health shall evaluate and limit the availability of concentrated electrolyte products, heparin products and high potency narcotics in pharmacy and on patient care areas in order to minimize risk and prevent harm.

Applicability

This policy and procedure applies to all Covenant Health facilities, staff, members of the medical staff, students and any other persons acting on behalf of Covenant Health.

Responsibility

The Covenant Health Medication Management Steering Committee (CHMMSC) is responsible for oversight of the following:

- Maintenance of the HAM policy and procedure;
- Providing decision making for the implementation of safety processes for HAM that pertain to the storage, labelling, prescribing, preparation, dispensing, administration, and documentation of HAM; and
- Monitoring policy compliance through regular audits.

Covenant Health Operational Leaders are responsible for ensuring that:

- Requirements are met specific to their area of practice regarding restricted HAM products.
- HAM audits are completed, at minimum, annually for their area.

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

1 Hereafter, all references to High-Alert Medications shall be defined as ‘HAM’.
2 Hereafter, all references to ‘patients’ includes residents and clients.
- Appropriate communication and training is provided to health care professionals who perform medication management as part of their scope of practice and duties.

All health care professionals who perform medication management as part of their scope of practice and duties have a professional responsibility to provide safe and competent practice regarding HAM, as outlined in this policy.

Covenant Health Pharmacy Services shall ensure that standardized processes are in place to identify, store and label HAM in the Pharmacy Department and on patient care areas in accordance with this policy.

The Covenant Health Medication Management Safety Team (MMST) is responsible for coordinating and reporting the results of annual audits to ensure compliance with this policy. The MMST shall review updates to the Provincial HAM list as they arise, assess applicability to the Covenant Health HAM List, and broadly communicate changes that are made to the Covenant Health HAM List.

**Policy Elements**

1. **Identification and Listing of HAM**
   1.1 HAM shall be identified as “High-Alert” in the Provincial Parenteral Monographs as per Alberta Health Services (AHS) Policy Document #PS-46 *Management of High-Alert Medications*.

1.2 Refer to Appendix D for the listing of Covenant Health’s HAM, which is based on the Institute for Safe Medication Practices’ (ISMP) list of HAM (NOTE: A printable pdf poster version of Appendix D is available on CLiC and compassionNET)

2. **Standardized Concentrations and Volume Options**
   2.1 Standardized concentrations and volume options of HAM for parenteral administration in adult populations shall follow Covenant Health corporate policy VII-B-80, *Standardized Medication Concentrations for Parenteral Administration*.

3. **Wardstock Restrictions**
   3.1 HAM stocked as wardstock shall be limited in type and quantity to those essential to providing timely care.

4. **Education**
   4.1 It is the responsibility of healthcare professionals to maintain current knowledge by accessing resources including, but not limited to, the following:
5. **Audits**

5.1 HAM stocked as wardstock on patient care areas and pharmacy stock shall be audited at least annually.

5.1.1 This does not apply to HAM that are provided on a patient-specific basis.

5.2 The audit is a shared responsibility between clinical departments, Pharmacy Services and the MMST.

5.3 Annual audits for compliance to this policy will be performed, and the results reviewed by the CHMMSC.

**Procedure**

1. **Storage and Labelling**

1.1 HAM shall be labelled as per Appendix E immediately upon receipt and prior to storing on Pharmacy shelves.

1.2 HAM shall be stored in individual containers (i.e. bin) with only one medication per storage container.

1.2.1 This applies to HAM stocked as wardstock on patient care areas and in pharmacy; and does not apply to HAM that are provided on a patient-specific basis.

1.2.2 Where space is an issue, more than one medication may be stored in a single container provided that the medications are separated by a labelled divider.

1.3 Storage containers shall be labelled with a “High-Alert Medication” icon label (Refer to Appendix E) and according to the Covenant Health Pharmacy Labelling Standards policy XI-20

1.3.1 At a minimum, labelling should include the medication generic name, strength/concentration, dosage form, and product size.

1.3.2 The “High-Alert Medication” icon label shall be on the container that the medication is stored in only, and not on the medication itself.
1.4 Storage containers and products shall be labelled with appropriate additional auxiliary or cautionary labelling. (Refer to Appendix E)

1.5 **Look-alike** HAM shall be physically separated (i.e. in separate non-adjacent bins), whenever possible.

1.5.1 When physical separation is not possible, local safeguards (e.g. auxiliary labels) shall be put in place to identify HAM as look-alike to avoid selection errors.

1.6 In facilities with Automated Dispensing Machines (ADM):

1.6.1 Store HAM in separate cassettes, with only one medication per cassette;

1.6.2 Do not store HAM in open matrix drawers;

1.6.3 Place a “High-Alert Medication” icon label in the bottom or on the lid of ADM compartments containing HAM.

1.7 Medications shall be labelled using Tall Man lettering following the Covenant Health corporate policy VII-B-340, *Tall Man Lettering*.

1.8 Patient-specific HAM supplied by Pharmacy shall be returned to Pharmacy when the patient has been discharged or when the medication has been discontinued.

1.9 Each unit/clinic/care setting/program shall communicate any storage and labelling requirements to Pharmacy

2. **The following products are RESTRICTED AND WILL NOT BE STORED as wardstock on patient care areas (excluding approved exceptions):**

2.1 Concentrated Electrolyte solutions (refer to Appendix A for detailed information regarding Concentrated Electrolytes):

- calcium (all salts) in concentrations greater than or equal to 10%
- magnesium sulfate in concentrations greater than 20%
- potassium (all salts) in concentrations greater than or equal to 2 mmol/mL or 2 mEq/mL
- sodium acetate in concentrations greater than or equal to 4 mmol/mL
- sodium phosphate in concentrations greater than or equal to 4 mmol/mL
- sodium chloride in concentrations greater than 0.9%

2.2 Heparin products (Refer to Appendix B for detailed information regarding Heparin Products):
• Unfractionated heparin greater than or equal to 10,000 units total per container
• Unfractionated heparin for intravenous use (e.g. 25,000 units/250 mL; 20,000 units/500 mL heparin intravenous bags)
• Low Molecular Weight Heparins (LMWH) in multi-dose vials
  ➢ Exception: Critical Care Areas

2.3 Narcotic products (Refer to Appendix C for detailed information regarding Restricted Narcotics):

• HYDROmorphine ampoules or vials with a total dose greater than 2 mg per container
• fentaNYL ampoules or vials with a total dose greater than 100 mcg per container
• morphine ampoules or vials with a total dose greater than 15 mg per container in adult care areas
• morphine ampoules or vials with a total dose greater than 2 mg per container in pediatric care areas

2.4 Exceptions:

2.4.1 When it is deemed necessary for a restricted HAM to be available in a selected care setting, a ROPE Request form must be submitted to the MMST, who will facilitate the review process with the CHMMSC (Refer to Appendix F).

2.4.2 The CHMMSC shall review the rationale for availability of the product, and the proposed safeguards to be put in place to minimize the risk of errors. The restricted HAM may be stocked as wardstock in the specified area(s) only if the exception is granted by the CHMMSC and approved safeguards are in place.

2.4.3 MMST shall maintain a list of the approved Required Organizational Practice Exceptions (ROPE) on CLiC and CompassionNet (refer to the High-Alert Medications (HAM) page on CLiC and CompassionNet).

2.4.4 When an approved ROPE is not in place, restricted HAM shall be provided on a patient-specific basis when required on a patient care area.

3. Prescribing

3.1 Approved Pre-printed Medication Order Sets (PMOS) shall be used when prescribing HAM where available.

3.2 Standardized medication concentrations shall be used when prescribing HAM as per corporate policy VII-B-80, Standardized Medication Concentrations for Parenteral Administration.
3.3 Alerts shall be built into Computerized Prescriber Order Entry (CPOE) systems to warn of minimum and maximum doses of HAM where possible.

3.4 Prohibited abbreviations, symbols, and dose designations shall not be used in the prescribing of HAM as per Covenant Health corporate policy VII-B-25, *Prohibited Abbreviations, Symbols and Dose Designations*.

3.5 Verbal and telephone orders shall not be accepted for chemotherapy, unless the order addresses holding or discontinuing the medication.

4. Preparation

4.1 HAM should be supplied in a ready-to-use format (commercially or pharmacy prepared) whenever possible, to limit preparation on patient care areas.

4.2 The concentration and volume options of parenteral HAM shall follow those established in the Covenant Health corporate policy VII-B-80, *Standardized Medication Concentrations for Parenteral Administration*.

5. Dispensing

5.1 HAM shall be identified as “HIGH-ALERT MEDICATION” in the order-entry computer systems to alert pharmacy staff, and shall indicate minimum and maximum dose limits where possible.

5.2 Prior to dispensing, Pharmacy shall label HAM with auxiliary or cautionary labelling, if not already completed. (Refer to Appendix E)

5.3 HAM shall be identified as such on computerized Medication Administration Records (MAR) whenever possible.

5.4 When an order for a restricted HAM is received, Pharmacy shall substitute with an acceptable non-restricted formulary alternative when possible.

5.5 HAM should be supplied in a ready-to-use format (commercially or pharmacy prepared) whenever possible, to limit preparation on patient care areas.

6. Administration

6.1 Infusion pumps with automated alerts and dose error reduction software (DERS pumps or SMART pumps with soft stops/limits and hard stops/limits activated) shall be utilized to administer continuous or intermittent parenteral HAM, where available.
6.2 As appropriate, an **independent double check** (IDC) shall be completed as per Covenant Health corporate policy VII-A-50, *Independent Double Check*.

6.3 Healthcare professionals shall engage the patient and/or family in the process of medication administration, and shall provide appropriate medication information and teaching.

7. **Documenting**

7.1 Documentation shall be completed as per Covenant Health corporate policy VII-A-50, *Medication Administration*.

7.2 Prohibited abbreviations, symbols, and dose designations shall not be used in the documenting of HAM as per Covenant Health corporate policy VII-A-25, *Prohibited Abbreviations, Symbols and Dose Designations*.

8. **Auditing**

8.1 At a minimum, audits shall demonstrate that:

8.1.1 HAM storage and labelling are in compliance with this policy and procedure.

8.1.2 Safeguards for approved ROPEs are fully implemented.

8.2 Audit results will be collated and maintained by the MMST.

8.3 Reports generated from the audit shall be prepared by the MMST for review and action as required by CHMMS.

---

**Definitions**

**Dose Error Reduction Software (DERS)** means pre-determined programming for compatible pumps with digital memory, including minimum and maximum doses and minimum and maximum rates of administration for given standard concentrations of solution. Pumps that use this technology are also known generally as „SMART“ or smart technology pumps.

**Hard stops/limits** means a pre-set alert, in an infusion pump, that will notify the user that the dose, delivery rate, or concentration selected is out of the institution-determined safe range for that medication, and will not allow the infusion to be administered unless the pump is reprogrammed within the acceptable range. (Provincial Infusion Pump Education Working Group, 2010)

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practices within scope or role.

**High-Alert Medications (HAM)** means those medications that have an increased risk of causing significant patient harm when they are administered in error. (Institute for Safe Medication Practices [ISMP], 2012).
**High Potency Narcotics** means the following medications: HYDROMorphone with total dose greater than 2 mg per dispensed product, morphine with total dose greater than 15 mg per dispensed product in adult care areas and greater than 2 mg per dispensed product in pediatric care areas and fentanyl with total dose greater than 100 mcg per dispensed product.

**Independent Double Check** means a verification process whereby a second healthcare professional conducts a verification of another healthcare professional’s completed task. The most critical aspect is to maximize the independence of the double-check by ensuring that the first healthcare professional does not communicate what he or she expects the second healthcare professional to see, which would create bias and reduce the visibility of an error.

**Look-alike medications** means pairs of medications that are very similar in terms of their physical characteristics, and may be confused one for the other. Physical characteristics include: size and shape of container, colour of cap, colour of label, volume of container, etc.

**Order** means a direction given by a regulated healthcare professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile. Refer to corporate policy Medication Orders VII-B-125.

**Restricted High-Alert Medications (HAM)** means those high-alert medications that shall not be stored on patient care units or service areas, unless a Required Organizational Practice Exceptions (ROPE) Request has been approved. Refer to the “Required Organizational Practice Exceptions Request Process”.

**SMART** means, in relation to infusion pumps, “Safer Medication Administration through Technology”.

**Soft stops/limits** means alerts notify the user that the dose selected is out of the anticipated range for this medication. However, soft stops can be overridden by the user, and the medication can still be infused without changing the smart pump settings.

### Related Documents
- Appendix A: Management of High-Alert Medications: Concentrated Electrolytes
- Appendix B: Management of High-Alert Medications: Heparin Products
- Appendix C: Management of High-Alert Medications: Restricted Narcotics
- Appendix D: Covenant Health Provincial High-Alert Medications (HAM) List
- Appendix E: Labelling of High-Alert Medications (HAM) and auxiliary or cautionary labels
- Appendix F: Required Organizational Practice Exceptions (ROPE) Request Process

**High-Alert Medications (HAM) CLiC Page**

Covenant Health Corporate Policies:
- Prohibited Abbreviations, Symbols and Dose Designations, VII-A-25
- Standardized Medication Concentration for Continuous Infusion, VII-B-80
- Controlled Substances, VII-B-245
- Medication Orders, VII-B-125
- Independent Double Check, VII-A-70
- Tall Man Lettering VII-B-340
- Medication Administration VII-A-50
References

Alberta Health Services (AHS) Management of High-Alert Medications Policy & Procedure Level 1

Accreditation Canada QMentum Program, Medication Management Standards (For Surveys starting after: January 1, 2017)

Previous Revision Date(s)

February 2, 2015
Management of Concentrated Electrolytes

Procedure 1.0 The following concentrated electrolytes are restricted and shall not be stored on patient care units or service areas unless an approved ROPE exists:

1.1 Concentrated Electrolyte solutions listed below:
   - calcium (all salts) in concentrations greater than or equal to 10%
   - magnesium sulfate in concentrations greater than 20%
   - potassium (all salts) in concentrations greater than or equal to 2 mmol/mL or 2 mEq/mL
   - sodium acetate in concentrations greater than or equal to 4 mmol/mL
   - sodium phosphate in concentrations greater than or equal to 4 mmol/mL
   - sodium chloride in concentrations greater than 0.9%

1.2 Exceptions to Restricted Products – Refer to main policy above (Procedure 1.4).

2.0 Storage and Labelling

2.1 Pharmacy shall label concentrated electrolyte storage containers and products (refer to Appendix E).

2.2 Concentrated electrolyte products shall be stored separately from one another and segregated from other products containing potassium or sodium.

2.3 Diluted concentrated electrolyte products may be stocked on patient care areas. Consult pharmacy for further information.
Appendix B

Management of **Heparin Products**

**Procedure**

1.0 The following heparin products/doses are restricted and shall not be stored on patient care areas unless an approved ROPE exists:

1.1 Heparin products listed below:

- Unfractionated heparin greater than or equal to 10,000 units total per container
- Unfractionated heparin for intravenous use (e.g. 25,000 units/250 mL; 20,000 units/500 mL heparin intravenous bags)
- Low Molecular Weight Heparins (LMWH) in multi-dose vials
  - **Exception**: Critical Care Areas

1.2 Exceptions to Restricted Products – Refer to main policy above (Procedure 1.4).

2.0 Storage and Labelling

2.1 Pharmacy shall label heparin storage containers and products (refer to Appendix E).

2.2 Heparin products shall be stored separately from one another.

2.3 Unfractionated heparin and LMWH shall be stored separately from other medications measured in units (e.g. insulins).

2.4 Unfractionated heparin shall be stored separately from heparin lock solutions.

3.0 Prescribing

3.1 The prescriber shall verify patient weight prior to prescribing heparin products excluding heparin lock solutions.

4.0 Dispensing

4.1 Unfractionated heparin 50,000 units total per container is to be used in the Pharmacy only and shall not be provided to patient care units.

4.2 Container for storing unfractionated heparin 50,000 units shall be labelled with a “Pharmacy Use Only” label and have an alert in the Pharmacy computer stating “Pharmacy Use Only-Do NOT dispense to patient/resident care areas”.
Management of Restricted Narcotics

Procedure

1.0 The following narcotics are restricted and shall not be stored on patient care areas unless an approved ROPE exists:

1.1 Narcotic products listed below:
   - HYDROmorphine ampoules or vials with a total dose greater than 2 mg per container
   - fentaNYL ampoules or vials with a total dose greater than 100 mcg per container
   - morphine ampoules or vials with a total dose greater than 15 mg per container in adult care areas
   - morphine ampoules or vials with a total dose greater than 2 mg per container in pediatric care areas

1.2 Exceptions to Restricted Products – Refer to main policy above (Procedure 1.4).

2.0 Storage and Labelling

2.1 Pharmacy shall label narcotic storage containers and products (refer to Appendix E).

2.2 Restricted narcotics shall be stored separately and securely from other narcotics.

2.3 Where space is an issue, more than one medication may be stored in a single container provided that the medications are separated by a labelled divider.

2.4 Oral narcotics with long-acting dosage formats shall be segregated from those with short-acting dosage formats.

2.5 If high potency narcotics are made available through ADM, system alerts shall be added to caution users.

2.6 The following sizes of narcotics are restricted to use by Pharmacy only and should never be stored on patient care units unless repackaged into syringes or compounded into solutions by Pharmacy Services:
   - fentaNYL 50 mcg/mL (50 mL),
   - HYDROmorphine 10 mg/mL (50 mL),
   - HYDROmorphine 50 mg/mL (50 mL),
   - morphine 2 mg/mL (50 mL), and
   - morphine 50 mg/mL (50 mL)

2.7 Storage containers for the above medications shall be labelled with a “Pharmacy Use Only” label and have an alert in the Pharmacy computer stating “Pharmacy Use Only – Do NOT dispense to patient/resident care areas”

3.0 Documenting

3.1 Documentation shall be completed as per the Covenant Health corporate policy VII-B-245 Controlled Substances.
Covenant Health Provincial High-Alert Medications (HAM) List

<table>
<thead>
<tr>
<th>Targeted Classes/Categories of Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>adrenergic agonists:</strong> parenteral (e.g. epinephrine, phenylephrine, norepinephrine, dobutamine, dopamine)</td>
</tr>
<tr>
<td><strong>adrenergic antagonists:</strong> IV (e.g. propranolol, metoprolol, labetalol, esmolol)</td>
</tr>
<tr>
<td>anesthetic agents: general, inhaled and IV (e.g. propofol, ketamine, sevoflurane, isoflurane, desflurane)</td>
</tr>
<tr>
<td><strong>antiarrhythmics:</strong> IV (e.g. lidocaine, amiodarone, procainamide, adenosine, bretylium, ibutilide)</td>
</tr>
<tr>
<td><strong>antithrombotic agents:</strong></td>
</tr>
<tr>
<td>- anticoagulants (e.g. warfarin, acenocoumarol, tinzaparin, enoxaparin, dalteparin, unfractionated heparin, sodium citrate)</td>
</tr>
<tr>
<td>- factor Xa inhibitors (e.g. fondaparinux, rivaroxaban)</td>
</tr>
<tr>
<td>- direct thrombin inhibitors (e.g. argatroban, bivalirudin, dabigatran)</td>
</tr>
<tr>
<td>- thrombolytics (e.g. alteplase, tenecteplase)</td>
</tr>
<tr>
<td>- glycoprotein IIb/IIIa inhibitors (e.g. eptifibatide, tirofiban, abciximab)</td>
</tr>
<tr>
<td><strong>concentrated electrolytes</strong></td>
</tr>
<tr>
<td>cytotoxic agents</td>
</tr>
<tr>
<td>dextrose: 20% or greater (hypertonic)</td>
</tr>
<tr>
<td>dialysis solutions: peritoneal and hemodialysis</td>
</tr>
<tr>
<td>epidural or intrathecal medications</td>
</tr>
<tr>
<td>inotropic medications: IV (e.g. digoxin, milrinone)</td>
</tr>
<tr>
<td>insulin</td>
</tr>
<tr>
<td>liposomal forms of drugs and conventional counterparts: (e.g. amphotericin B, amphotericin B-lipid complex, amphotericin B-liposomal)</td>
</tr>
<tr>
<td><strong>moderate sedation agents:</strong> IV (e.g. dexmedetomidine, midazolam)</td>
</tr>
<tr>
<td>moderate sedation agents: oral, for children (e.g. chloral hydrate)</td>
</tr>
<tr>
<td>narcotics/opioids</td>
</tr>
<tr>
<td>neuromuscular blocking agents (e.g. succinylcholine, rocuronium, pancuronium, atracurium, cisatracurium)</td>
</tr>
<tr>
<td>nitroprusside sodium for injection</td>
</tr>
<tr>
<td>oxytocin: IV</td>
</tr>
<tr>
<td>parenteral nutrition preparations</td>
</tr>
<tr>
<td>promethazine: IV</td>
</tr>
<tr>
<td>radiocontrast agents: IV</td>
</tr>
<tr>
<td>sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more</td>
</tr>
<tr>
<td>sulfonlurea hypoglycemics (e.g. GLICLazide, glyBURIDE)</td>
</tr>
<tr>
<td><strong>vasodilating agents:</strong> IV (e.g. epoprostenol, treprostinil)</td>
</tr>
<tr>
<td>vasopressin: IV or intraossoeuse</td>
</tr>
</tbody>
</table>

High-Alert Medications (HAM) are medications that have a high risk for causing significant patient harm when they are used in error.

The medications on this list require special safeguards to reduce the risk of errors.

Refer to the Covenant Health High-Alert Medications policy # VII-A-30 for ordering, preparing, administration and storage of these medications.

An Independent Double Check may be required as an error reduction strategy. Please refer to the Covenant Health Independent Double Check (IDC) policy VII-A-70

This list identifies High-Alert Medications (HAM) covered by the Covenant Health High-Alert Medications (HAM) Policy

For a more detailed list of High-Alert Medications (HAM) refer to the ISMP list located at: [http://www.ismp.org/Tools/highalertmedications.pdf](http://www.ismp.org/Tools/highalertmedications.pdf)
### Labelling of High-Alert Medications (HAM)

*Includes the High-Alert Medication icon label and auxiliary/cautionary labels*

#### High-Alert Medication Icon Label

<table>
<thead>
<tr>
<th>Label</th>
<th>Medication Class</th>
<th>Use</th>
</tr>
</thead>
</table>
| ![Image](#) **HIGH ALERT MEDICATION** | **All** High-Alert Medications (HAM) | • To be affixed to the storage containers only (not the medication)  
| | | • May be affixed to Automated Dispensing Machines (ADM) cassettes or to a cleanable coloured liner in the bottom of ADM cassettes containing High-Alert Medications |
| | | **Exception:** Narcotics – It is not necessary to label each storage container within the narcotic storage area. A single large icon affixed to the door of the locked storage area (e.g. cart or cupboard) is sufficient. |

#### Auxiliary/Cautionary Labels

<table>
<thead>
<tr>
<th>Label</th>
<th>Medication Class</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="#" alt="Image" /> <strong>WARNING:</strong> Paralyzing Agent Causes Respiratory Arrest</td>
<td>Neuromuscular Blocking Agents</td>
<td>• To be affixed to the storage containers only (not the medication)</td>
</tr>
</tbody>
</table>
| ![Image](#) **CAUTION** IV contains Potassium | The following Concentrated Electrolyte Products:  
- potassium chloride intravenous mini-bags (50 mL and 100 mL)  
- potassium phosphate Intravenous solutions  
- Potassium acetate intravenous solutions prepared by pharmacy | • To be affixed to the storage containers and to each product.  
• For products with outer wraps, apply the label to the outer wrap (no need to remove outer wrap).  
• **Note:** Products supplied by Pharmacy will already be labelled appropriately. |
<table>
<thead>
<tr>
<th>Label</th>
<th>Medication Class</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAUTION</strong>&lt;br&gt;Concentrated Potassium&lt;br&gt;Fatal if injected undiluted&lt;br&gt;DILUTE BEFORE USE</td>
<td>The following Concentrated Electrolyte Products:&lt;br&gt;• potassium chloride intravenous solution concentrations greater than or equal to 2 mmol/mL (pharmacy use only)&lt;br&gt;• potassium phosphate intravenous solution; monobasic greater than or equal to 1.29 mmol/mL or dibasic greater than or equal to 4.4 mmol/mL potassium and 3 mmol/mL phosphate (pharmacy use only)&lt;br&gt;• potassium acetate intravenous solution: concentrations greater than or equal to 2 mmol/mL</td>
<td>• To be affixed to the storage containers <strong>AND</strong> to each product.&lt;br&gt;• For products with outer wraps, apply the label to the outer wrap (no need to remove outer wrap).&lt;br&gt;• <strong>Note:</strong> Products supplied by Pharmacy will already be labelled appropriately.</td>
</tr>
<tr>
<td><strong>CAUTION</strong>&lt;br&gt;Concentrated Electrolyte</td>
<td>The following Concentrated Electrolyte Products:&lt;br&gt;• magnesium 50% vials&lt;br&gt;• calcium chloride 10% vials&lt;br&gt;• calcium gluconate 10% vials&lt;br&gt;• calcium chloride 10% injectable syringes</td>
<td>• To be affixed to storage containers.</td>
</tr>
<tr>
<td><strong>CAUTION</strong>&lt;br&gt;Hypertonic Sodium Chloride</td>
<td>The following Concentrated Electrolyte Products:&lt;br&gt;• sodium chloride 3% and 5% (hypertonic) intravenous solutions</td>
<td>• To be affixed to the storage containers <strong>AND</strong> to each product.&lt;br&gt;• For products with outer wraps, apply the label to the outer wrap (no need to remove outer wrap).&lt;br&gt;• <strong>Note:</strong> Products supplied by Pharmacy will already be labelled appropriately.</td>
</tr>
<tr>
<td><strong>CAUTION</strong>&lt;br&gt;Concentrated Sodium&lt;br&gt;Fatal if injected Undiluted&lt;br&gt;DILUTE BEFORE USE</td>
<td>The following Concentrated Electrolyte Products:&lt;br&gt;• sodium acetate 4 mmol/mL&lt;br&gt;• sodium phosphate intravenous solution; 4 mmol/mL sodium and 3 mmol/mL phosphate&lt;br&gt;• sodium chloride 23.4 per cent (4 mmol/mL) vial for injection (pharmacy use only)</td>
<td>• To be affixed to the storage containers <strong>AND</strong> to each product.&lt;br&gt;• For products with outer wraps, apply the label to the outer wrap (no need to remove outer wrap).&lt;br&gt;• <strong>Note:</strong> Products supplied by Pharmacy will already be labelled appropriately.</td>
</tr>
<tr>
<td>Label</td>
<td>Medication Class</td>
<td>Use</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------</td>
<td>-----</td>
</tr>
</tbody>
</table>
| **FOR ORAL USE ONLY** | The following Concentrated Electrolyte Products:  
  - sodium chloride 23.4% for injectable when transferred to an oral container for pediatric feeds | To be affixed to the oral container. |
| **CAUTION** | The following High Potency Narcotics:  
  - HYDROmorphone with total dose greater than 2 mg per dispensed product  
  - morphine with total dose greater than 15 mg per dispensed product in adult care areas and greater than 2 mg per dispensed product in pediatric care areas.  
  - fentaNYL with total dose greater than 100 mcg per dispensed product | To be affixed to the storage containers.  
  To be affixed to each product. |
| **LONG ACTING** | Narcotics – if the narcotic is available in both long and short acting dosage formulations. |  |
| **SHORT ACTING** |  |  |
| **For Epidural Use Only** | Epidurals | To be affixed to epidural products |
| **PHARMACY USE ONLY** | The following Heparin Products:  
  - Unfractionated heparin 50,000 units total per dispensed product  
  The following High Potency Narcotics:  
  - fentaNYL 50 mcg/mL (50 mL)  
  - HYDROmorphone 10 mg/mL (50 mL)  
  - HYDROmorphone 50 mg/mL (50 mL)  
  - morphine 2 mg/mL (50 mL)  
  - morphine 50 mg/mL (50 mL) | To be affixed to the storage containers which are only in pharmacy and are not to be provided to patient care units |
Appendix F

Required Organizational Practice Exception (ROPE) Request Process

A ROPE request form must be completed to request approval to stock any medication that is restricted by Accreditation Canada in patient care areas.

Completed ROPE request forms can be emailed to the Medication Management Safety Team (MMST) at Medication.Management@covenanthealth.ca.

1. Prior to completion of the request form, ensure that appropriate discussions regarding alternatives have occurred with the interdisciplinary care team, including medical staff, nursing and pharmacy. Rationale for the request is required and may include information from literature, current use of specific protocols and/or data.

2. Required information on the form:
   a. Requesters contact information.
   b. Name of the ROP and the Test of Compliance (be specific).
   c. Background information (information from literature/data/information on how the medication is currently used/protocols at your site, etc.)
   d. Clearly state the restricted medication that is being requested (medication name, strength, vial size).
   e. Provide the rationale for the request (include why your site requires this exception). This may include examples of urgent need or statements such as ‘required for code cart’. Information provided here will facilitate the request adjudication.
   f. Explain what safeguards would be put in place to prevent inadvertent selection error and to mitigate harm to patients in the patient care area.

3. Ensure your Senior Director of Operations and Facility Chief are informed and supportive of the exception request.

4. Email the completed request form to the MMST and the Pharmacy Management Team at your site.

5. The request will be reviewed by the Pharmacy Management Team and the MMST. Please note that submission of the exception request does not guarantee that the exception will be granted.

6. Please contact the MMST if you require more information.

7. The final step in the process is for the Covenant Health Medication Management Steering Committee (CHMMSC) to approve or disapprove the exception request.

8. Response to the request will be provided by the Chair of the CHMMSC.

9. It is the requestors responsibility to share the decision with all involved parties (this may include frontline staff, nursing, site leadership/accreditation team).
ROPE Review Process:

1. ROPEs will be reviewed by the MMST every two years from the date of the approval from the CHMMSC.

2. The MMST will contact the ROPE requester to review the ROPE for any changes (e.g., no longer applicable to the program area).

3. If the ROPE is still current and applicable the requester will notify the MMST.
   a. The MMST will review the ROPE for continuation and the ROPE will be documented to review two years from this review date.
   b. The MMST will notify the CHMMSC that the ROPE is still current and applicable.

4. If the ROPE is no longer applicable, the requestor will notify the MMST.
   c. The MMST will review and notify the CHMMSC.
   d. The MMST will remove the ROPE from the official list of approved ROPEs and update CompassionNet and CLiC.

5. If the ROPE requires changes, the requester will be required to fill out a new ROPE request form.

6. The new request will follow the above approval process (Steps 1-9).

Temporary ROPEs:

1. When a Temporary ROPE is no longer applicable, the requester will notify the MMST.

2. The MMST will review and notify the CHMMSC.

3. The MMST will remove the Temporary ROPE from the official list of approved ROPE’s and update CompassionNet and CLiC.
Required Organizational Practice Exception (ROPE) Request - **EXAMPLE**

This form is to be completed to request approval to stock any restricted medication in patient care areas.

### Date Submitted:

_________________________

### Requesters Name, program area, phone #, email:

_______________________________________________

### ROP

State the specific standard and compliance criteria you are requesting for exception.

12.9 The organization avoids stocking the following concentrated electrolytes in client service areas where possible:

- Potassium (all salts): concentrations greater than or equal to 2 mmol/mL (2 mEq/mL)

### Background Information

In point form, provide information from literature/data/information that supports your request on how the medication is currently used at your site.

- Hospital X is a 4 bed care unit with a 4 bed Emergency Department (ED)
- Palliative 4 beds Potassium would be required as part of the End of Life Pathway
- There is a combined medication room/pharmacy limited by size
- Prior to the ROP stating that all highly concentrated potassium salts needed to be restricted to Pharmacy, the hospital had a system where the concentrated electrolytes were located in a segregated location in the narcotic safe

### Request

State the specifics of your request

- Hospital X be allowed to store Potassium (all salts): concentrations greater than or equal to 2 mmol/mL (2 mEq/mL) in their secure narcotic night cupboard for use in Palliative and the ED

### Rationale

- Patient’s in the emergency room required K-Phos which needs to be available immediately
- Having Baxter provide K-Phos via CIVA but logistically it was not feasible
- Have another site make the bags: logistical issue with this include:
  - Turnaround time
  - Stability and shelf life

### Safeguards

Identify specific safeguards that will be put in place to minimize errors.

Store concentrated vials in the narcotic safe with appropriate safe guards in place

- High Alert Medication Labeling
  - Applying the “Caution Potassium: Concentrated Potassium-Fatal if injected undiluted: Dilute before use” label.
  - Used for Palliative patients or those in ED only.
  - Staff education outlining the restriction of use for this product and the monitoring required.
  - The patient care area will develop a form for staff to document the usage and the rationale.
  - Independent double check (IDC) is required; please see policy VII-A-70, Independent Double Check (IDC).
  - Store in segregated storage containers that have a lid, lock or tamper proof safety seal.
Required Organizational Practice Exception (ROPE) Request

This form is to be completed to request approval to stock any restricted medication in patient care areas.

Date Submitted:_________________________

Requesters Name, program area, phone #, email:__________________________________________

ROP
State the specific standard and compliance criteria you are requesting for exception.

Background Information
In point form, provide information from literature/data/information that supports your request on how the medication is currently used at your site.

Request
State the specifics of your request

Rationale

Safeguards
Identify specific safeguards that will be put in place to minimize errors.