Entity: Fairview Health Services

Department: Home Infusion

Manual: Policies & Procedures

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<th>Category:</th>
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<td>Subject:</td>
<td>High Risk Medications</td>
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<td>Purpose:</td>
<td>To provide for the safety of procurement, storage, preparation, dispensing and administration of high risk medications</td>
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<td>Definitions:</td>
<td>High risk medications and high risk administration techniques are those that have been shown to actually, or potentially, cause severe injury or death in the event of an error. High risk medications and high risk administration techniques may be identified through retrospective review of our experience, the experience and recommendations of others, or prospective analysis of medications and administration techniques.</td>
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**Policy:**

I. The FHI Clinical Safety Committee will designate drugs that are high risk.

II. Specific procedures will be developed to ensure safe utilization of high-risk medications, including procedures relating to prescribing, dispensing, administration, and monitoring.

III. All high risk medications administered via continuous intravenous infusion will be administered utilizing an infusion control device.

**List of high risk medications/infusions:**

I. Chemotherapy agents

II. Epidural and Intrathecal infusions

III. Insulin

IV. Concentrated sodium and potassium

V. Continuous narcotic infusions and patient controlled analgesia

VI. Agents for Hemodynamic Support (Dopamine, milrinone, and dobutamine)

VII. Promethazine

VIII. Home Parenteral Nutrition (HPN)

IX. Intravenous Immune Globulin

X. Enzyme Replacement Therapy
XI. REMS, Immune System Modulators, Monoclonal Antibody: Natalizumab (Tysabri®), Alemtuzumab (Lemtrada®), Infliximab (Remicade®), Abatacept (Orencia®), Ustekinumab (Stelara®), etc.

XII. Combination therapy of Vancomycin and Zosyn (Piperacillin-tazobactam)

XIII. **Look Alike / Sound Alike Drugs**

### Specific Procedures:

I. **Chemotherapy**
   - A. Refer to FHI Policy [Chemotherapy](#) and FPS policy [Stage Checking](#) for additional information.

II. **Epidural and intrathecal infusions**
   - A. Refer to FHI Policy Intraspinal Access – Device Management/ Medication Administration, for complete precautions.

III. **Insulin**
   - A. Long acting insulin will not be available.
   - B. Regular insulin will be dispensed in pre-drawn syringes for addition to HPN.

IV. **Concentrated sodium and potassium**
   - A. Concentrated sodium chloride and potassium chloride will be stocked in one concentration and all compounding templates will utilize the standard concentration.
     - 1. If patient specific factors require that a nonstandard concentration be used, the drug will be separated in inventory and a note will be used in the computer to highlight the “non-standard concentration”.

V. Refer to FPS policy [Stage Checking](#) for additional information.

### Continuous narcotic infusion and patient controlled analgesia (PCA)
   - A. Refer to System Policy [Pain Management](#), for complete precautions.
   - B. Refer to Department Policy [Pain Management](#).
   - C. The access port on any IV bag of narcotic will be sealed with a tamper-evident port cap.
   - D. Multiple references exist and may be utilized as a guide for any drug to drug, or dosage form conversions. One reference is the Fairview Opioid Medication Conversions.

VI. **Inotropes (dopamine, milrinone, and dobutamine)**
   - A. A central vascular access device is preferred for administration of inotropes. Administration via an
extended dwell peripheral catheter (Midline) may be done if short term and patient has adequate peripheral access.

B. Inotropes must be administered utilizing an infusion pump.

C. Continuous infusions of inotropes will not be flushed with normal saline between bag changes

D. The preferred method for obtaining lab specimens is to use a non-infusing lumen or peripheral site. If labs must be drawn from the lumen where the inotrope is infusing a discard must be drawn prior to flushing with normal saline to avoid a bolus of medication to the patient.

E. Any patient requiring a continuous infusion will have a programmed back-up pump and two medication bags in the home at all times.

VII. Promethazine
   A. Promethazine can only be given via a central line.
   B. Promethazine should be diluted in a minimum of 10 – 20ml of normal saline, and administered slowly over a minimum of 10 – 15 minutes.

VIII. Home Parenteral Nutrition (HPN)
   A. Refer to FHI Policy Parenteral Nutrition, for complete precautions.

IX. IV Immune Globulin
   A. Refer to FHI Policy Immune Gamma Globulin, for complete precautions.

X. Enzyme Replacement Therapy
   A. Refer to FHI Policy Enzyme Replacement Therapy, for complete precautions.

XIV. REMS, Immune System Modulators, Monoclonal Antibody: Natalizumab (Tysabri®), Alemtuzumab (Lemtrada®), Infliximab (Remicade®), Abatacept (Orencia®), Ustekinumab (Stelara®), etc.
   A. Infusions require a nurse to be present for the infusion. Vital sign requirements will be indicated in the prescriber orders/care plan.
   B. All patients receiving Natalizumab and Alemtuzumab must be registered in the appropriate REMS program:
      1. These therapies are not approved for home administration.
      2. A pre-infusion checklist must be completed prior to each infusion; the completed form is stored in
3. Information contained in the pre-infusion checklist must be submitted to the appropriate REMS program administrator within 24 hours of administering each infusion or the next business day for weekend infusions.

4. See policy [REMS Programs: Compliance with FDA-mandated REMS Programs](#) for additional information.

XI. Combination therapy of Vancomycin and Zosyn (Piperacillin-tazobactam)

   A. Vancomycin plus Zosyn may cause an increase in serum creatinine and possibly result in acute renal failure.
   
   B. Monitoring may include:
       
       1. Twice weekly BUN and creatinine
       2. Monitoring of culture and sensitivity results
       3. Patient assessment for signs and symptoms of renal failure

XII. **Look Alike / Sound Alike Drugs**

   A. The Clinical Safety Committee will review the Look Alike/Sound Alike drug list on an annual basis.

   B. Look Alike/Sound Alike drugs will be differentiated by the following methods:
       
       1. Use of tall-man lettering on storage shelving
       2. Separation of product

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**External Ref:**

**Internal Ref:** Administration of Medications for Home Infusion Patients

Compounding Records for Medication Preparation

Initiation of Parenteral Drug Therapy (First Dose) in the Home

**Source:** FHI Clinical Managers, Quality Department

**Approved by:** Director of Operations, Medical Director

**Date Effective:** 7/2009

**Date Revised:** 2/2011, 8/2012, 9/2013, 8/2014, 2/2017

**Date Reviewed:** 2/2011, 8/2012, 9/2013, 8/2014, 2/2017
LOOK-ALIKE SOUND-ALIKE DRUGS

amphotericin – abelcet – amBISome
ampicillin – ampicillin/SULBACTAM
aZITHROmycin – azTREOnam – aCYCLOvir
cyTARAbine - cycloSPORine
dexFERRum – deFEROXAMIne
DOPamine – DOBUTamine
Enzymes: Aldurazyme (laronidase) – Cerezyme (imiglucerase) –Elaprase (idursulfase) – Fabrazyme (agalsidase beta) – Lumizyme (alglucosidase alfa) – Naglazyme (galsulfase) – VPRIV (velaglucerase alfa)
epipen – epipen Jr.
FOLic acid – leucovorin calcium (folINic acid)
HYDROmorphine – morphine
Immune globulins: Gammagard Liquid – Gammagard S/D Low IgA – Gamunex – Carimune – Hizentra SubQ – Flebogamma
IV Iron: Sodium Ferric Gluconate (Ferrlecit®) – Iron Sucrose (Venofer®) – Iron Dextran (Dexferrum®)
levoCARNITine – levoFLOXAcin – levoTHYROxine – levETIRAcetam
magNESium – manGANese
Multivitamins: Adult & Pediatric
penicillin G POTASSIUM – penicillin G SODIUM
piperacillin – piperacillin/TAZOBACTAM
potassium ACETATE – potassium CHLORIDE – potassium PHOSPHATE
proCHLORPERazine – proMETHazine
sandIMMUNE – sandoSTATIN
sodium ACETATE - sodium BICARB – sodium CHLORIDE – sodium PHOSPHATE
solu-CORTEF – solu-MEDROL
Trace Elements: PTE-4 Peds – TE-4 Adult – MTE-5 Adult – NTE-4 Neonate

D:MM-5705 High Risk Meds-LASA list
Updated 2/2017