



Pharmacy Newscapsule

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Emergency Kits and LTCFs

By Doug Englebert, R.Ph.

With the recent updates from the Drug Enforcement Agency (DEA) on drug disposal, many questions are again coming forward about emergency kits in nursing homes and assisted living facilities, especially Community Based Residential Facilities (CBRF).

PHARMACY CODES

Emergency kits in nursing homes are allowed. The pharmacy codes in the State of Wisconsin specifically state the following:

Phar 8.11 Controlled substances in emergency kits for long term care facilities (LTCF). Regarding emergency kits containing controlled substances, LTCFs (which are not registered with the DEA) shall meet all of the following requirements:

- (1) The source of supply must be a DEA registered hospital, pharmacy or practitioner.
- (2) The pharmaceutical services committee of the facility shall establish security safeguards for each emergency kit stored in the LTCF. Safeguards shall include the designation of individuals who may have access to the emergency kits and a specific limitation of the type and quantity of controlled substances permitted to be placed in each emergency kit.
- (3) A pharmacist shall be responsible for proper control and accountability for such emergency kits within the LTCF, which includes the requirement that the LTCF and the providing DEA registered hospital, pharmacy or practitioner maintain complete and accurate records of the controlled substances placed in the emergency kits, the disposition of those controlled substances, plus the requirement to take at least monthly physical inventories.
- (4) The pharmaceutical services committee will establish the emergency medical conditions under which the controlled substances may be administered to patients in the LTCF which shall include the requirement that medication be

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Emergency Kits Continued

administered by authorized personnel only as expressly authorized by an individual DEA registered practitioner and in compliance with all applicable federal and state laws.

(5) Noncompliance with this rule may result in revocation, denial or suspension of the privilege of having or placing emergency kits, containing controlled substances, in LTCF.

STATE RULES FOR NURSING HOMES

The state rules for nursing homes state the following:

DHS 132.65 (4) **EMERGENCY MEDICATION KIT.** (a) A facility may have one or more emergency medication kits. All emergency medication kits shall be under the control of a pharmacist. (b) The emergency kit shall be sealed and stored in a locked area.

Lastly, state rules for defining a LTCF says the following: Phar 1.02 (4m) "Long term care facility" means a facility for the developmentally disabled or other nursing home. (5) "LTCF" means a long term care facility.

QUESTIONS

Question: *Can a CBRF have an emergency kit for controlled substances?*

Answer: No. State law allows pharmacies to place a kit only in a LTCF which does not include assisted living facilities. There may be one way the kits could be allowed, which is through a physician office supply. That avenue, however, requires a physician to apply for a DEA registration for the location of the CBRF. Even in these situations, the CBRF would be required to obtain a waiver to the DHS 83 rules.

Question: *We are being told on survey that the reason medications for pain were not given by the facility was that the facility's pharmacy told them that they cannot access the emergency kit without the pharmacy's authorization. When is a nurse allowed to remove a controlled drug from an e-kit?*

Answer: Controlled drugs in e-kits are still prescription controlled drugs and are treated the same way as all other controlled drugs. Therefore, before a drug can be removed, there must be a valid written prescription or an emergency verbal order. The emergency kit is the pharmacy's kit, so the pharmacy has a responsibility to insure there is a valid prescription order.

Question: *What is a valid, written prescription for a controlled substance?*

Answer: In order to be considered valid, a prescription for a controlled drug in any schedule must be issued for a legitimate medical purpose by a practitioner acting in the usual course of sound professional judgment. Each prescription must be dated and signed by the practitioner on the date it is issued and contain all of the following:

1. Full name and address of the patient
2. Drug name, strength, dosage form, quantity prescribed, and directions for use
3. Name, address, and registration number of the practitioner
4. Authorized number of refills, if a Schedule III–V.

In most cases, a chart order written by the physician or a chart order written by the facility nurse, based on a verbal order from the practitioner, will not be considered a valid written prescription. (If the physician is in the facility and writes a chart order that contains all of the information noted above and then faxes that order to the pharmacy, it is a valid prescription for controlled substances.)

Electronic orders require the same contents and an electronic signature. In addition, electronic orders must be done with electronic systems that meet specific DEA criteria.

Question: *When can we use an oral prescription order?*

Answer: Oral prescriptions from a physician to a pharmacist are allowed for Schedule III-V if promptly reduced to writing by the pharmacist and contains all information required for a valid prescription, except for the physician signature. Oral prescriptions for Schedule II are only allowed in an emergency situation. Physicians may only authorize and pharmacies may only dispense a quantity limited to the amount adequate to treat the patient during the emergency period. In addition, for a Schedule II, a follow up written prescription must be sent to the pharmacy within seven days.

Question: *What is considered an emergency?*

Answer: An emergency means:

1. Immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user;
2. No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II; and
3. It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance, prior to dispensing.

Question: *Can a nurse remove a controlled drug from an e-kit if they have received an oral order from the practitioner?*

Answer: DEA rules require that the practitioner provide oral authorization or a faxed prescription to the pharmacist before a drug is dispensed. Consequently, a practitioner who gives an oral order to the nurse in the facility by telephone must also ensure that the pharmacy receives either an oral "emergency" order or a written prescription order (which may be sent via facsimile).



Consultant Corner

by Doug Englebert, R.Ph.

1. **If someone takes medications that should not be consumed along with grapefruit juice, can that person still consume the essential oil of grapefruit rind?**

It appears that essential oil of grapefruit does contain furocoumarins, which interact with medications. However, be aware that the perception of grapefruit interactions with medications is sometimes greatly exaggerated. There are some medications that are problematic, but there are usually alternative medications that can be substituted. As a surveyor if you see this check with the facility to

verify if they consulted with their pharmacist to review medication lists, identify problems, and provide alternative solutions.

2. Can you remind me what "empty stomach" means?

The general rule of thumb is one hour before food or two hours after food.

3. Can you remind me what "take with food" means? How much food?

Taking a medication with food is usually done to prevent stomach problems or to ensure that the drug works. The amount of food taken is really resident/patient specific. If the person can take the medication with two graham crackers and avoid stomach problems or ensure drug effectiveness, two graham crackers would be enough. If the person needs an entire sandwich, that is what they should have.

If, as a surveyor, you are trying to determine if an order for "take with food" was followed, you need to ask a series of questions --- "Do you always get this amount of food? Why do you need to take it with food? Do you have any problems taking it with this small amount of food? Is the drug working?" The responses will determine if there is a problem.

4. How is vitamin K given when someone has gotten too much warfarin and they have an INR (International Normalized Rate) level above 10?

First, if the INR level is above 10, a physician should be contacted and a thorough exam of any potential bleeding should be conducted. Appropriate emergency response should occur if warranted. When there is no significant bleeding and emergency efforts are not required, vitamin K is usually given orally as phytonadione. Typical dosing is 2-10 mg and, usually, a single dose with a follow-up INR within 24-hours. Injectable forms of phytonadione can be given orally. It is recommended that facilities have policies on use of vitamin K and follow-up lab testing. Pharmacists and physicians should be consulted to assist in developing procedures in hospitals and nursing homes.

There are other forms of vitamin K taken as dietary supplements. Often these doses are very different and not intended for treating excessive anticoagulation from warfarin. However, facilities should be aware of these supplements and the potential effect on warfarin dosing as these supplements can interfere with warfarin.