NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: REMOTE CHART ORDER PROCESS



NUMBER: NN-MM-34

ORIGINAL DATE: 09/18/08

REVIEW/REVISE DATE: 8/18/11

APPROVAL: _____Allan Mandell_____, Interim Agency Director

I. PURPOSE:

The purpose of this policy is to provide for remote medication order review by a company that employs registered pharmacists during non-business hours, holidays and weekends.

II POLICY:

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to provide remote medication order review and process the orders into the consumer profile in WORx during non-business hours by a contract pharmacy for safe and effective administration of medication.

III REFERENCE:

Consult Policy # NN-MM-11- Non-Formulary Medications

IV PROCEDURE:

Medication orders obtained after hours shall be faxed to the PRN pharmacist and scanned to the NNAMHS pharmacy by the RN.

2. A copy of the medication assessment with the "Home Meds" listed shall be faxed and scanned with the medication orders.
3. The PRN pharmacist will contact the RN for order entries requiring clarification.
   a. Non-Formulary Medication
      1. If a medication is not present on the Formulary List, it requires a consult form and the RN/MD shall be notified. The consult form shall be initiated by RN/MD. Note if new start or continuation of therapy. There should be no interruption in continuation therapy after hours, weekends in addition, holidays.
   b. Above Maximum Dose
      1. If a medication is above the maximum approved dose, the RN/MD shall be notified and a consult form shall be initiated.
   c. Missing Allergies
      1. The RN/MD shall be contacted to clarify the allergies. These will be added to the consumer's profile so that orders can be processed.
   d. Allergy to a Medication
      1. The RN/MD shall be notified that the consumer may be allergic to an ordered medication as indicated in WORx.
      2. The RN/MD shall be notified and the MD shall change the order or clarify the allergy.

e. Unapproved Abbreviations

1. Requires clarification for unapproved and "do not use" abbreviations.

4. PRN pharmacist shall initiate a Medication Intervention Report for any clarifications. These forms are to be faxed to 775-688-3345, NNAMHS inpatient pharmacy and the Pharmacy Director at 688-2069 on a daily basis. The reports state whether they are completed or need further follow-up.
5. Clozaril orders shall not be processed by PRN pharmacist. Follow the Clozaril protocol.
   Inability to access WORx by the PRN pharmacist shall require notification of the Pharmacy Director and IT Department.
6. The nursing supervisor shall perform the medication order review when unable to access the patient's profile in Pyxis. If the nursing supervisor needs to perform an override, they must select from a list of reasons why they are overriding a specific medication (including "ordered not entered", etc).
7. All fax transactions to PRN pharmacist shall be documented on the fax transmittal form on POU. Date, time, items sent, and signature shall be recorded.
8. It is the responsibility of the PRN pharmacists to process all after hours orders so that medications may be procured from the Pyxis Med station.