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## Are You Following Orders?

Processing Physician Orders is an ongoing job that Nurses and others must deal with on a daily basis. The Pharmacy processes thousands of prescriptions every month, which makes it essential that everyone sending in physician orders is following some basic rules to insure the least amount of time spent on an individual order. PAL wants physician orders to be processed quickly, efficiently, and to be accurate. If information is missing, if valid signatures aren't included, or if the order is not specific or clear, the Pharmacy must call you or the physician for clarification. This takes time....YOUR TIME and OUR TIME...and maybe the physician's. Remember these simple rules for processing physician orders:

- ONLY licensed nurses can call physician or nursing orders into the pharmacy (new orders). This telephone order MUST STILL BE followed up by a written and signed order as soon as possible.
- Direct support professionals can order refills by using Pharmacy Communication Logs and faxing completed requests to the pharmacy with their contact info on the bottom. New orders must be faxed and cannot be called in to the pharmacy by non-medical staff. Only Nurses can do that.
- FAX, FAX, FAX! This is the most important thing to remember...FAX everything! The reason for this is that, when you fax, the picture of what you faxed is saved FOREVER in our computerized system under the consumer's name for which it pertained. This helps to avoid transcription errors, misunderstandings, and date stamps everything that comes into the pharmacy.
- FAX ALL ORDERS, even if you don't need meds right away. (Make a note that states 'Profile Only' or 'Send No Meds at This Time'.) This should include any herbal or other supplements that the pharmacy does not fill for the consumer, but we need to have on the medication profile. These supplements can interact with medications, so this is important to provide.
- Make sure the NAME of the person the meds are prescribed for, is clear and correct. No nicknames unless we have been provided this information.

- DO NOT enter new prescriptions on REORDER Sheets please. FAX separately.
- FAX orders as you receive them. Written telephone orders MUST have all of the legal requirements of a prescription. This includes:
  - Their address and location name
  - Medication name, dosage form, strength, quantity
  - Directions for use (avoid using vague directions such as 'Use as directed' or 'take 1-2 tabs q 3-4 hours'. Ask the physician to write it so there will be no room for staff interpretation.
- Prescriber's (physician, nurse practitioner, psychiatrist, etc.) name and telephone number
- Nurse's signature and credentials (RN, LPN, LVN)
- Any order by a Nurse Practitioner or Physician's Assistant should have the signature of the person writing the order and the overseeing physician's name.... BOTH, on the order.
- **# of REFILLS or NR meaning NO REFILLS**

Orders cannot be accepted as valid orders if ALL of these components are not in place. These are legal documents that each of us must insure are handled in an appropriate manner.

The cut-off time for REORDERS is 3:00 p.m. The cut-off time for NEW orders is 4:00 p.m. You will receive the medications the following day unless they are MUST HAVE MEDS. If the meds are essential immediately, you call us at the Pharmacy number, our After Hours Pharmacist will process the order and send it to your local BACK-UP Pharmacy for your staff to pick up that evening. This should NOT be used for routine medication orders. Examples of orders that are essential to receive immediately would be: antibiotics, a new pain medication order, and some psychiatric meds, The BACK-UP pharmacy will dispense a minimal amount of the med to get you through until your next scheduled delivery, which is when the rest of your prescription should show up packaged in the usual bubblepacks from PAL.

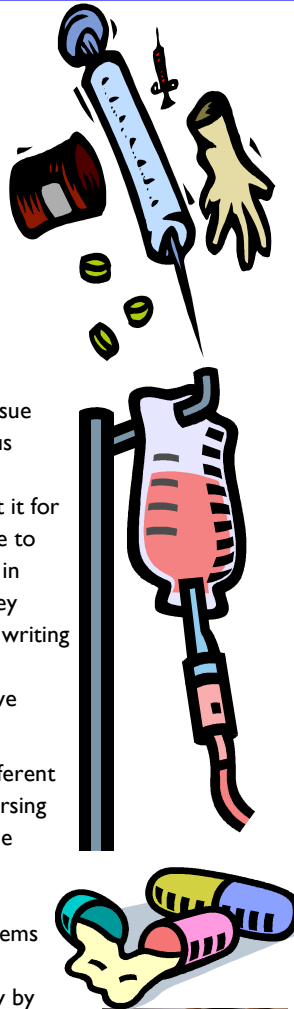
Following these simple rules will make the most of your time and insure efficient delivery of the meds needed.

# MEDICAL WASTE: WHERE DOES IT GO?

The issue of pharmaceutical waste is a hot topic across the U.S. and other countries. Scientific evidence has shown that some waterways in the U.S. have higher than acceptable levels of chemicals and medications and that the byproducts of these may be causing some genetic and growth abnormalities in wildlife that live in or around those waterways. Through the RCRA (Resource Conservation Recovery Act) the Congress asked the EPA (Environmental Protection Agency) to issue regulatory guidance to assist in hazardous waste management. Individual states are expected to take this guidance and adapt it for each state's needs. These regs from state to state may be more stringent or broader in scope than the federal guidelines, but they cannot be less stringent in practice. The writing is on the wall. We must all evaluate our systems for medication disposal and move toward a more "GREEN" future.

Pharmaceutical waste management is different for hospitals, clinics, physician offices, nursing homes, and other medical facilities. These facilities must dispose of their pharmaceutical and hazardous waste by either a reverse distributor where the items to be destroyed are sent to a licensed government facility that destroys (usually by incineration) the items....or by being licensed themselves to do this.

Pharmaceutical waste produced by a household is exempt from classification as hazardous waste or medical waste. This means the household may legally dispose of the waste (medications, personal care products) by flushing them down the toilet or putting them down the garbage disposal or drain. The current recommendations are to mix the meds with something unpalatable (like coffee grounds or cat litter) and to throw them in the trash where they will end up in a land fill. While these practices are legal, they are NOT environmentally preferred ways of disposing of



unwanted pharmaceuticals.

Our consumers' homes fall into this category (group homes and supported living homes). And, in the future, as states continue gearing up to 'go green' this will most likely not be an acceptable practice.

It is important to realize that a good deal of pharmaceutical and chemical waste comes from a place you may not think of...OUR BODIES! All of those medications that we all take in every day are metabolized by our bodies and the byproducts of these come out in our bowel movements and urine. This all ends up in the sewers and eventually in the waterways. We can't control this aspect of disposal at this point. So, we need to control what we can.

Some communities offer special programs where unused, outdated, discontinued medications can be turned in for either reuse or for disposal. Government regulated waste disposal plants hold a hazardous waste permit in the state in which they reside which allows them to accept, store, and dispose of hazardous waste materials. These, and other reverse distributors, will pick up your waste for a fee and take it to the government approved site. There are also mail-back options in some states for disposing of medications. Sharpsinc.com offers prepaid disposal containers for pharmaceutical waste. When 3/4 full, you just package them up and mail them to the address provided and the medications will be disposed of on that end. Other things to consider are:

- ⇒ consider ordering a partial supply of a prescription if it is a trial on a new drug or if all of it won't be needed
- ⇒ Evaluate your med ordering and disposal practices. Are there areas where you can decrease waste?
- ⇒ Visit the EPA website at [www.epa.gov](http://www.epa.gov) for all of the information you will need on this topic. State EPA sites can be googled.

# TRAINING ideas: KEEPING THE STAFF UP TO SPEED ON MEDICAL ISSUES

It is not uncommon in DD services to have a regular turnover of staff, especially working in residential services. This is probably because the hours are long, the breaks are minimal, if at all, and everything you do is with consumers...even eating your own meal. Staff have to be responsible for many things they've never had to do before, some tasks that most people never have to do at their job. Direct support staff are responsible for insuring the total support and safety of each consumer while they are there. Staff have to cook meals, give baths and showers, help brush teeth, clean up persons who have been incontinent, transfer people from wheelchairs back and forth as needed, pass medications, know and provide basic first aid, be involved in activities of daily living, transport consumers to doctors, lab, community events, and address behavioral issues correctly....according to the individual's behavior plan. On top of all of this, Direct Support Staff are expected to KNOW everything about the

consumers they support. This is one of the issues that Nurses in residential DD services encounter on a daily basis....keeping everyone up to speed on what they need to know medically about their consumers. Do they have Seizures? What do these Seizures look like...before, during, and after the Seizure? What medications is each individual taking and what is it for? What interactions or side effects should staff be looking for? All pieces of knowledge that should be trained to all new staff in any given home. And...the staff change from week to week. It may sometimes seem as if the Nurse is able to get nothing done but train the staff on medical issues. But, with a little extra time, you can build a training program that can help you and the staff tremendously.

First, medications—there are many ways to get information about medications, doses, side effects, and how these should be given.

Remember that Google is your friend. Use reputable websites such as WebMD, the CDC (Centers for Disease Control), Drugs.com, NIH (National Institutes of Health), or Medline Plus and look up any medications you want staff to know...print off the information and keep it in a training binder in the location. Seizure training? Down Syndrome? The CDC and NIH have FACTS sheets on all medical conditions and syndromes you can print off and add to your binder. Keep one binder in each location, divide it into sections for diseases/ conditions, medications, policies & procedures, and any other section you need to regularly orient staff to. Many resources can be found on the PAL website at [www.palrx.com](http://www.palrx.com) to help you create your educational binders for staff also. Keeping information available will make staff more knowledgeable. Make them be responsible for knowing what's in the binder.

## Reordering Non-Cycle Fill Meds

Pharmacy Alternatives™ works hard to try to keep things as simple as possible for you by putting every possible medication that can be included in the Cycle Fill delivery. This way, most of the consumers' medications come to you automatically each month prior to the start of the new month....ready to go! You still need to check when these arrive to insure you have everything your consumers need and call the Pharmacy immediately if there are any discrepancies so these can be taken care of before the medications are actually needed.

There are those medications, however, that ARE NOT included in the monthly Cycle Fill medications and this is because they cannot be divided into a month's supply. These include meds like eye drops, ear drops, birth control pills, creams and ointments, and glucose testing supplies. These need to be REORDERED SEVERAL DAYS PRIOR to running out of the medication. Each operation or facility should have an operational procedure for checking all meds and items that 'run out' within the month and for REORDERING these items in plenty of time so there is not a gap in getting the medication or supplies. A system that has worked for many areas, is to list out all of those items that need to be checked weekly (this can be done by the Nurse or QMRP or other Supervisor). Appoint one person who is responsible for checking all listed and new items every Wednesday and FAXING REORDERS to the Pharmacy by noon. This will insure that you get a delivery before the weekend and have all the items needed for med passes through the following Wednesday. Those pesky weekend calls that you receive because staff ran out of medication on Saturday will end and your consumers will have the meds they need. ;-)

## How Do You Say That?

Have you ever wondered how to say those convoluted medical terms you see written by doctors and nurses? Guess what? They wonder how to say some of them also! Well, I have the answer to solve your problems in this area from now on. Go to: <http://www.merck.com/mmhe/resources/pronunciations/index/a.html> and click on any of the medical terms you would like to hear spoken so you can learn how to pronounce them correctly. There are hundreds and hundreds of choices. Now you can speak like an expert! This site will also be useful to nurses, case managers, and others who need to look up medical information about a variety of other subjects such as Blood Disorders, Neurological Disorders, GI Disorders, Men's Health, Hormonal Disorders, Infections, Mental Health Disorders, Immune Disorders, Skin Disorders, Mouth and Dental Disorders, Eye Disorders, Ear, Nose, Throat Disorders, Women's Health, Drugs...and more. There are also product websites and prescribing information for health professionals. Surf this site and raise your medical IQ!

WHAT'S ECCHYMOSIS AND HOW DO YOU SAY IT?



## THE POST SCRIPT

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All articles to be considered for submission to this newsletter should go to Georgia Swank at the above email address. We welcome your comments and ideas!

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