

**GUAM MEMORIAL HOSPITAL AUTHORITY
PHARMACY DEPARTMENT**

APPROVED BY: FLORENCIO LIZAMA, MD. <i>Florence Hospital</i> Administrator/CEO	RESPONSIBILITY: Pharmacy	EFFECTIVE DATE: 06/09/2007	POLICY NO. 1004	PAGE 1 of 3
TITLE: CRASH CART BOX—DRUGS MAINTAINED				
LAST REVIEWED/REVISED: 04/28/2015				
ENDORSED: P&T 04/28/2015				

PURPOSE:

This policy describes the medications maintained in the crash cart boxes. It also describes what is done should a medication be out-of-stock or not-in-use.

POLICY:

A pharmacist shall check all drugs used in the crash cart box while the medication boxes are in the Pharmacy using the P&T Committee approved list of contents for either an adult crash cart box or pediatric crash cart box.

PROCEDURE:

- A. The pharmacist shall utilize the list of P&T Committee approved crash cart box medications (*see Attachment*).
- B. In case a standard size or strength of approved medication is not in stock a different size or strength will be temporarily substituted, then the substitution must be specified by affixing a warning sign on the crash cart box. Once the standard medication arrives, all the boxes contain the substituted medication must be retrieved from the nursing units and replaced with the standard one.
- C. Pharmacy shall try all the efforts to keep crash cart medications in stock at all times. In case a medication is out of stock for any reason and could not be obtained in a short period of time, P&T Committee and medical staff must be informed. And also a warning sign must be posted on the crash cart box.
- D. Some medication may not in use anymore after a certain period of time. The director of Pharmacy should submit a requisition to P&T Committee for deletion from the list and may suggest a newer medication for replacement.
- E. All the drugs in the box should be in a so called "ready to use" package if they are commercially available. This is to avoid wasting time to admix drug or to withdraw adequate dosages from a vial or a syringe.

GUAM MEMORIAL HOSPITAL AUTHORITY PHARMACY
 859 GOV. CARLOS G. CAMACHO ROAD • OKA TAMUNING, GUAM 96911
 TEL: 671 647-2254/55 OR 647-2440 FAX: 671 649-5507

PEDIATRICS
CODE 72 MEDICATION CHARGE SHEET

<u>ADDRESOGRAPH</u>	<u>BOX WILL EXPIRE ON:</u>
	<u>DATE BOX WAS OPENED:</u>

REMEMBER TO CHECK QUANTITY USED BEFORE RETURNING TO THE PHARMACY

CHARGE CODE	DESCRIPTION	EXP. DATE	QTY. ISSUED	QTY. USED
4200219	ADENOSINE 6MG/2ML VIAL / SYRINGE		3	
4208330	NIPRIDE 50MG INJ 2ML		1	
4200541	ATROPINE 1MG/10ML SYRINGE		4	
4295010	ATROPINE 0.05MG/ML 5ML SYRINGE		2	
4200772	CALCIUM CHLORIDE 1 G/10ML SYRINGE		2	
4201351	DEXTROSE 50% 50 ML/ SYRINGE		2	
4201590	DIPHENHYDRAMINE (BENADRYL) 50 MG/ML VIAL		1	
4211831	DOPAMINE 400 MG/250ML D5W BAG		1	
4201844	EPINEPHRINE 1:10,000 1MG/10ML SYRINGE		8	
4295047	EPINEPHRINE 1MG/ML 30ML MDV		1	
42075	MAGNESIUM SO4 2G/50ML BAG		2	
4202645	LIDOCAINE (XYLOCAINE) 1% 50MG/5ML SYRINGE		4	
4295069	LIDOCAINE (XYLOCAINE) 2 GM/ 250ML D5W		1	
4202380	SOLU CORTEF 100MG VI		2	
4203103	NALOXONE (NARCAN) 0.4 MG/1ML VIAL OR SYRINGE		2	
4202613	NOREPINEPHRINE (LEVOPHED) 4MG/4ML AMP		2	
4211715	PROCAINAMIDE (PRONESTYL) 1GM/10ML MDV		2	
4210820	SODIUM BICARBONATE 4.2% 5MEQ/10ML SYRINGE		6	
4210643	BENZOIN TINCTURE 60ML (EXTERNAL)		1	
4204319	CETACAINE TOPICAL SPRAY 56GM (EXTERNAL)		1	
4210140	LIDOCAINE (XYLOCAINE) 1% 50ML MDV INFILTRATION AND NERVE BLOCK		1	
4202641	LIDOCAINE (XYLOCAINE) VISCOUS 2% 100ML (EXTERNAL)		1	

CHARGED BY:	DATE:
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<u>FILLED BY:</u>	<u>CHECKED BY:</u>	<u>DATE:</u>
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<u>VERIFIED BY PHARMACIST:</u>	<u>DATE:</u>
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ADULT
CODE 72 MEDICATION CHARGE SHEET

<u>ADDRESOGRAPH</u>	<u>BOX WILL EXPIRE ON:</u>
	<u>DATE BOX WAS OPENED:</u>

REMEMBER TO CHECK QUANTITY USED BEFORE RETURNING TO THE PHARMACY

CHARGE CODE	DESCRIPTION	EXP. DATE	QTY. ISSUED	QTY. USED
4200219	ADENOSINE 6mg/2ml VIAL / SYRINGE		3	
4231261	AMIODARONE 150mg/3ml Vial		3	
4200541	ATROPINE 1 mg/ SYRINGE		4	
4200772	CALCIUM CHLORIDE 100MG/ML 10ML SYRINGE		2	
4200772	CALCIUM GLUCONATE 1 gm/ SYRINGE		2	
4201351	DEXTROSE 50% 50 ml/ SYRINGE		2	
4201590	DIPHENHYDRAMINE (BENADRYL) 50 mg/ VIAL		1	
4211831	DOPAMINE 400MG/250ML D5W BAG		2	
4201844	EPINEPHRINE 1:10,000 10 ml/ SYRINGE		8	
4211095	FUROSEMIDE (LASIX) 40 mg/ VIAL / SYRINGE		2	
4202645	LIDOCAINE (XYLOCAINE) 100 mg/ SYRINGE		4	
4295069	LIDOCAINE (XYLOCAINE) 2 gm/ 250ml D5W		1	
4210140	LIDOCAINE (XYLOCAINE) 1% 50ML MDV		1	
4203103	NALOXONE (NARCAN) 0.4 mg/ SYRINGE		2	
4200022	NITROGLYCERIN 0.4MG SL 25'S		1	
4202613	NOREPINEPHRINE (LEVOPHED) 4ml/ AMPULE		2	
4200215	PROPOFOL INJ 1% 200mg/20ml VIAL		2	
4210819	SODIUM BICARBONATE 50 mEq / SYRINGE		8	
4211676	VASOPRESSIN 20units/ml		2	
4211141	VERAPAMIL (CALAN) 5 mg/ SYRINGE		3	
4210643	BENZOIN TINCTURE 60ML (EXTERNAL)		1	
4204319	CETACAINE TOPICAL SPRAY 56GM (EXTERNAL)		1	
4202641	LIDOCAINE (XYLOCAINE) VISCOUS 2% 100 ml (EXTERNAL)		1	

<u>FILLED BY:</u>	<u>CHECKED BY:</u>	<u>DATE:</u>
<u>VERIFIED BY PHARMACIST:</u>		<u>DATE:</u>
FORM COMPLETED BY NURSE: NAME		DATE