


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

<b>APPROVED BY:</b>    Peter John D. Camacho, MPH Hospital Administrator/CEO	<b>RESPONSIBILITY:</b>  Pharmacy Nursing Service/Clinical Departments Facilities Maintenance	<b>EFFECTIVE DATE:</b>  July 01, 2009	<b>POLICY NO.</b>  6170-9	<b>PAGE</b>  1 of 7
<b>TITLE: STORAGE OF MEDICATIONS IN PATIENT CARE AREAS</b>				
<b>LAST REVIEWED/REVISED: 05/2009</b>				
<b>ENDORSED: P&amp;T 07/2009</b>				

**PURPOSE:**

To describe the system to maintain proper storage conditions for medications in order to promote patient safety.

**POLICY:**

The Director of Pharmacy is responsible for the storage of medications used at Guam Memorial Hospital as governed by hospital policy and procedure. The director/supervisor of each nursing service/clinical department is responsible for ensuring support and assistance in the execution of the policy outlined in the document and in its application to the performance of employees under his/her direction.

The policy for the storage of medications in patient care areas is detailed below:

- Medication will be stored in secured carts or drawers at all times when not in use.
- Storage areas shall be accessible only to designated and authorized personnel.
- Products for internal bodily use must be stored separately from products for external bodily use.
- The proper environmental control (i.e., proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation) will be maintained wherever medications and supplies are stored in patient care areas.
- Medications will be stored in an orderly manner in medication drawers and in carts of sufficient size to prevent crowding.
- Medications bearing an expiration date will not be dispensed or distributed beyond the expiration date.
- Expired, discolored, damaged, or inappropriately labeled medications shall be returned to the pharmacy for proper credit and/or disposal.
- Pharmacy will perform monthly audits of patient care areas to ensure compliance with proper patient safety considerations regarding the storage of medications.

**PROCEDURE:**

- A. Assigned pharmacy personnel shall perform monthly audits of medication storage areas and shall document that proper environmental control is maintained.
- B. All Clinic/Unit Personnel must observe proper storage and labeling requirements for all medications during the performance of their daily tasks and shall demonstrate safety in regard to the potency of medications administered as evidenced by:

1. Removal of outdated medications from active stock, returning them to the pharmacy where they will be quarantined together until all such medications are disposed of accordingly.
2. Labeling of all medications prepared for IV administration with patients name, date and time of preparation with employee initials, medication name and dose and solution base.
3. If the dose is pharmacy prepared, all this is done by pharmacy personnel before the nurse receives the medication. The pharmacy technician will load the medication into patient cassettes within the medication carts.
4. Assembling ready-to-use syringes only when administration is imminent. If pre-assembled in anticipation of need (other than on-going crisis), each syringe must be labeled with date and time of assembly, including employee's initials. Pre-assembled syringes that are **NOT** used must be discarded within 24 hours.
5. Limiting use of multidose containers for single patient use unless reasonably justified. Multiple Dose Vials must be discarded **28 days** after it is opened or when the manufacturer's expiration date is reached whichever is less. Vials **marked as single dose shall be discarded immediately after use.**
6. Nitroglycerin sublingual tablets readily deteriorate once exposed to light, air and elevated temperatures. Once the bottle has been opened, it should be discarded within thirty days.
7. All clinic/unit personnel that handle medications under refrigeration are to adhere to the following guidelines:
  - a. Medications must be stored at appropriate temperatures according to the following:
    - Room Temperature: between 59° F to 86° F
    - Refrigerate: between 36° F to 46° F
    - Freeze: 5° F or LOWER
  - b. Temperatures are to be recorded manually on appropriate forms twice each day (*see* Attachment I).
  - c. All refrigerators/freezers should be plugged into red outlets as the power source.
  - d. Medication refrigerators and freezers shall have a working thermometer ensuring the proper temperature range.
  - e. Maintenance cleaning is done every 90 days by licensed clinic/unit personnel.
    - (1) Clean refrigerator with a mild dishwashing detergent and water solution, rinse and air dry.
    - (2) Check all items for labels and current expiration dates. Discard any unlabeled or expired medications per hospital policy.

- (3) Rotate items using first in—first out method.
- (4) Defrost freezer per manufacturer's instructions.

Other maintenance is performed by Facilities Maintenance personnel per departmental policy and as needed.

- f. Temperatures out-of-range require documentation of action taken for variances. The backside of the temperature log is for this use. If the temperature noted is out-of-range, contact the Facilities Maintenance department and request for maintenance service for the refrigerator and/or freezer. Response time is usually 30 minutes; however, emergency response priorities determine the response time for unscheduled maintenance. Should response time or maintenance servicing be estimated at greater than 30 minutes, pharmacy will be notified that the nursing service/clinical department will be moving the medications to a functioning refrigerator. Place an "Out of Service" sign on the refrigerator/freezer door until Facility Maintenance personnel has determined the unit to be functioning appropriately.

**Note: Medications cannot be stored in "Patient Food" or "Staff Only" refrigerators/freezers. Medications must be stored in a "Medications Only" refrigerator/freezer.**

- g. Storage room, refrigerator, and freezer monitoring forms will be collected by pharmacy as part of its oversight and quality assurance responsibilities. To assist in this process, the nursing service/clinical departments will place the log in the "Return to Pharmacy Box" on the first day of each month, prior to starting a new log. A summary report will be provided to the Pharmacy and Therapeutics Committee and the director/supervisors of the respective nursing service/clinical department on a quarterly basis.

#### **ATTACHMENT:**

#### **I. TEMPERATURE LOG FOR MEDICATIONS**

### Temperature Log for Medications

Month/Year: \_\_\_\_\_

Days 1 --16

**Completing this temperature log:** Check the temperatures in both the freezer and the refrigerator compartments of your storage units at least twice each working day. Place and "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years. **If the recorded temperature is in the shaded zone:** This represents an unacceptable temperature range. Follow these steps: 1. **Contact FM** for maintenance servicing. 2. **Contact Pharmacy** if response time or servicing time is estimated to take > 30 minutes. 3. **Relocate medications to a functioning refrigerator** if pharmacy directs you to do so. 4. **Document the action taken** on the reverse.  
**Normal Room Temperature Range: 59° - 86° F**

Date of the Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16	
Staff Initials																																
Room Temp.																																
Exact Time																																
°F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm		
	49°																															
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33°																																
32°																																

Freezer	9°																													
	8°																													
	7°																													
	6°																													
	5°																													
	4°																													
	3°																													

**REMINDER: Please submit your completed Temperature Logs to Pharmacy on the 1st day of each month.**









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## REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and endorsed the following:

- Bylaws                                 Submitted by  
Department/Committee: Inter-departmental Submission
- Rules and Regulations            Title: Storage of Medications in Patient Care Areas
- Policies and Procedures            Policy Number (if applicable) 6170-9

	Date	Signature
Reviewed	5/7/09	
Endorsed		
Title	Yun-Ming Lin, RPh Chief of Pharmacy	
Reviewed		
Endorsed	5/7/09	
Title	Jemabeth Simbillo, BSN, RN Deputy Assistant of Nursing Services	
Reviewed		
Endorsed	05.07.09	
Title	Craig Guevara Hospital Facilities Maintenance Manager	
Reviewed		
Endorsed		
Title	Ian Richardson, MD Pharmacy and Therapeutics Committee, Chairperson	
Reviewed		
Endorsed		
Title		
Reviewed		
Endorsed		
Title		

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**