

## IREDELL HEALTH SYSTEM

<b>Automated Medication Dispensing Cabinet (Omnicell) Procedure</b>	
Approved by: Laura Rollings, PharmD, BCPS, BCGP Randi Raynor, PharmD, MBA, BCPS P&T Committee	Last Revised/Reviewed Date: 08/2025  Date: 08/2025
<i>The contents of this policy are applicable to, unless otherwise noted, Iredell Memorial Hospital and Iredell Davis Behavioral Health.</i>	

**Purpose:** To provide guidelines and guardrails regarding the utilization of Automated Medication Dispensing Cabinets. The Automated Dispensing System is used to assure the availability of an adequate and consistent supply of medications by providing a place for the secure storage of medications and functioning as a tracking system for drug utilization, inventory control and diversion prevention.

### Policy

- I. Medications will be adequately stored and controlled and medication use will be properly documented utilizing the Automated Dispensing Cabinet (ADC) and electronic health record.
- II. Access to the automated dispensing cabinets will be strictly maintained to provide security for medications.
- III. All cabinets are designated as either “Profile Dispense” or “Non-Profile (Inventory) Dispense” cabinets.
  - a. Profile Dispense Cabinets are cabinets that medications to be dispensed are selected from a patient’s profile.
  - b. Non-Profile (Inventory) Dispense Cabinets are cabinets that medications to be dispensed are selected from the list of medications stocked in the cabinet and can be removed irrespective of a patient’s profile.

### Procedure

- I. Security Privileges
  - a. Access to the ADCs will be granted to each licensed employee authorized to administer medications. Access will be granted based on the role in which the employee is assigned to. An “Omnicell Security” statement will be completed at orientation. Each employee will sign the statement before access is granted (see **Appendix A**). Pharmacy personnel who have administrator rights will enter security privileges into the Omnicell support software. The first time a user logs on to Omnicell, their initial password will be “pass1\*”. Upon first log on, all users will be required to change their password.
  - b. Nursing Student Instructors are assigned temporary privileges by Department of Education and the Pharmacy Department. The temporary privileges are valid through the expiration date set by the Department of Education. The expiration date for Nursing Student Instructors will be consistent with the school semester. The Department of Education will notify pharmacy of the names of the Nursing Student Instructors and the length of the school semester. The employee’s last name, first name, Cerner login, and license classification (e.g., RN, LPN, etc.) are needed to add a temporary user. A temporary ID and initial password of “pass1\*” will be assigned. Upon first log on, the temporary user will be required to change their password.
  - c. Employees who have forgotten their password may use their fingerprint, if registered, to fill in their old password on the pass-word reset screen. They may also call the Nurse Manager or designee to have a new temporary password assigned, which they will be required to change upon initial log on to the system. A temporary user ID and privileges may be assigned from the cabinet as outlined above until another temporary password

can be issued by the pharmacy. The temporary password of “*pass1\**” will be assigned and changed on initial log on.

- d. The Pharmacy will be notified in writing via hospital information system when an employee is terminated. The Nurse Manager will notify Pharmacy in writing when an employee’s security privileges need to be changed. The Pharmacy will immediately revoke or change user privileges as documented.
- e. Defined User Groups include:
  - i. Nurse B-staff, including OR
  - ii. Head Nurse – Charge Nurse, manager, director, house supervisor, nurse educators, clinical coordinators
  - iii. Pharmacy Tech A
  - iv. Pharmacist A
  - v. Respiratory
  - vi. Anesthesia – Anesthesiologist, CRNA

## II. Manual Admission

- a. If the patient is admitted through the Hospital Information System, the patient’s name should appear on the ADC patient list.
- b. If the patient is not listed on the ADC patient list. The patient can be added manually by entering the Required Patient Information. Select the “Add New Patient” button. The patient’s account number should be entered for the Patient ID. If the name or account number of the patient is not known, a descriptive term such as “asthma” can be used to describe the patient. NOTE: Notify Pharmacy of the correct name of the patient when known and the descriptive term used to describe the patient.
- c. If a patient is manually admitted to the ADC, then is admitted through the hospital information system, the patient will be listed twice on the cabinet until the patients are reconciled by pharmacy.
- d. Pharmacy will review and reconcile patients on a daily basis.

## III. Medication Retrieval

- a. To remove medications from the ADC, Select the Patient Care tab from the main screen. A list of current patients on the unit will appear.
- b. Select the appropriate patient’s name from either the local or global patient list. Type the first three letters of the last name to find a name quickly or use the directional arrows. Refer to the above section “Manual Admission,” if the patient is not listed.
- c. Tap on the “Remove Meds” button.
- d. For inventory dispense cabinets, select the medication(s) to be administered. Enter the first three letters of the medication name (generic or brand) to find the medication quickly or use the directional arrows.
- e. For profile dispense cabinets, pick from the scheduled meds, active med orders or stocked med tabs. Select the medication(s) to be administered. If the medication you need is not listed on the screen, see IV- Override Function.
- f. Enter the quantity needed for the dose to be administered, touch the OK button, and remove the medication. The inventory count must be verified. For controlled substances, enter the beginning quantity in the cabinet in the designated box on the Omnicell screen. For non-controlled substances, verify the quantity remaining in the cabinet with the quantity shown on the screen. Close the drawer/door after following all of the screen prompts. If the count is inaccurate, a discrepancy will be recorded. Discrepancies will be resolved as described in Section VIII - Discrepancy section.
- g. If multiple medications are needed at the same time, you may select all medications to be dispensed and then touch the “Remove Now” button. The appropriate drawer will flash for each medication. Verify the count, remove the medication, and close the drawer when prompted.

- h. When a multi-dose/bulk item (i.e. Chloraseptic or Robitussin) is removed from a Profile Dispense cabinet, place the unused portion in the patient's drawer in the designated area for future use. This process is not applicable to insulin.

When a multi-dose/bulk item (i.e. insulin) is removed from an ADC, remove the quantity via syringe to be administered to the patient and return the unused portion to the appropriate location (same bin) prior to closing the drawer. The patient will be charged for the quantity removed from ADC.

- i. Each medication shall be scanned upon removal for verification of the correct drug and strength.
- j. Log off the system after all transactions are completed.
- k. All medications stored in the ADCs are unit dose packaged for single patient administration, apart from inhalers and topicals stored in their original multi-dose containers. Medications are not to be removed from their unit dose packages until time of administration at the patient's bedside.
- l. Quantity of medication removed from the ADC is for immediate administration to the patient and must not be used as stock.

#### IV. Override Function (For Profile Dispense Cabinets)

- a. A pharmacist shall review all prescription or medication orders prior to removal of medications from the ADC. Exceptions are when a licensed independent practitioner (LIP) controls the ordering, preparation, and administration of the medication or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status (for example, new onset of nausea).
- b. Pharmacy and Nursing leadership should collaborate to develop a list of medications that are available on override in each area. These lists should be reviewed periodically and all changes should be authorized by pharmacy and nursing with final approval taking place at the P&T Committee. See the **Omniceil Override List** at the end of this policy.
- c. All medications obtained on override should be reviewed for appropriateness on a daily basis by the pharmacy staff. Follow up should be completed as necessary.
- d. To obtain medications not shown on the Active Meds tab,
  - a. Touch the button "Remove meds"
  - b. Selected the "Stocked meds" tab
  - c. Select the needed medication.

#### V. Returning Medications

- a. Any medication that is removed from an ADC, in its original package (not opened) and will not be administered to the patient, should be returned to an ADC. The patient will be credited for the medication when it is returned to the ADC, if the area does not utilize charge on administration.
- b. The nurse returning a medication is responsible for returning the medication to the correct pocket.
- c. If the medication package is not intact, the dose should be wasted and not returned.
- d. If a controlled substance is to be returned to the ADC, the user shall return via the medication return bin. All non-controlled substances shall be returned as described above.
- e. Pharmacy personnel are responsible for emptying all medication return bins.

#### VI. Wasting Medications

- a. Two licensed practitioners are required for wasting all controlled substances. All or part of a controlled drug may be wasted. It is not necessary to record wastage of a non-controlled substance.
- b. Select the reason for wasting from the options listed on the ADC. If the reason is not listed, type the reason in the box and touch OK.
- c. Waste may also be witnessed using the "Anywhere RN software".

- d. Documentation of controlled substance wastage for items that have not been dispensed from an ADC be wasted on the cabinet. Wastage should be recorded on the CDAR (Controlled Drug Administration Record) or similar record supplied with the drug. Always waste any remaining controlled substances (such as PCA morphine) before the patient is discharged in the hospital computer system. Medications may be wasted on the cabinet for a short time after the patient has been discharged from the hospital computer system. If the patient's name no longer appears on the ADC you may use one of the following methods to waste a controlled substance:
  - i. Sign out the waste on the Record of Patient-Controlled Analgesia/Epidural Infusion Administration sheet (or similar paper) and return the sheet to the pharmacy. **OR**
  - ii. Ask pharmacy to re-admit the patient to the ADC. The waste can then be done at the cabinet by nursing. After the waste has been completed, nursing should call pharmacy to discharge the patient from the ADC.
- e. Waste the medication by the method you indicated on the ADC or the CDAR.

#### VII. Discrepancies

- a. A discrepancy occurs when the physical count of the drug does not match the calculated count from the ADC. Discrepancies may be identified during any ADC transaction. Discrepancies involving non-controlled substances are resolved automatically. Discrepancies involving controlled substances are displayed at the bottom center of the ADC screen until they are resolved.
- b. Discrepancies should be resolved at the time they occur or when discovered.
- c. Before the conclusion of each shift the charge nurse is responsible for verifying that all discrepancies on the ADC have been resolved.
- d. Notify pharmacy if a discrepancy cannot be resolved.

#### VIII. Inventory Count

- a. Controlled substances stored in the ADC will be inventoried during each pocket access, and at least monthly by two nurses. Controlled substances are inventoried house wide on the first Friday of every month.
- b. Non-controlled medications will be inventoried during each pocket access.
- c. Expiration dates will be checked monthly by pharmacy personnel.
- d. Medications will be inventoried during restocking by pharmacy.

#### IX. Restocking

- a. Pharmacy will ensure an adequate inventory level of medications are stocked in the ADCs, replacing out of stock items daily.
- b. The "Omnicell Restock list" report will be printed from a Pharmacy support PC.
- c. Medications listed on the report will be delivered and refilled into the ADC by pharmacy personnel.
  - i. Select the inventory menu, select normal restock from the main screen and follow directions on the screen.
  - ii. The inventory and expiration dates must be counted and verified during the restocking process by pharmacy.
- d. Pharmacy shall routinely evaluate the inventory levels in the ADCs in order to determine if adjustments to the maximum PAR level or replenishments thresholds are needed.
- e. Pharmacy personnel are responsible for removing and returning any expired medications from an ADC that is identified by the ADC through aging or expiration audit functions.

#### X. Out of Stock and/or Non-Stock Medications

- a. Items not stocked in the cabinet shall be obtained from the pharmacy.
- b. Controlled substances will be issued with a CDAR until the drug can be added to the cabinet. All documentation will be recorded on the CDAR.

- c. Stock and inventory level changes for medications stored in the ADC will be based on usage and patient convenience. Assigning new items will be performed by Pharmacy.

XI. Troubleshooting and Downtime Procedures

- a. Use the following steps to resolve problems occurring with ADC.
  - i. Consult the “Omnicell Quick Reference Guide” located on the cabinet and found by pressing the F1 Key once logged in.
  - ii. If patients and / or orders are not appearing on the ADC contact pharmacy to check and / or reboot the interfaces in the pharmacy department. If the interfaces in pharmacy are operating appropriately and the problem still exists, contact the Omnicell Help Desk (1-800-910-2220 Customer ID# 23188).
  - iii. For all other problems, contact the Omnicell Help Desk. If Omnicell determines that an equipment failure has occurred, a local field service technician may be dispatched.
- b. Use the following steps in the event of “down” cabinet:
  - i. In the event the equipment cannot be restored to use quickly and there are two ADCs, use the other cabinet.
  - ii. If the unit has only one ADC , use another ADC located closest to the unit. Nurses can access their patients using the global patient list.
  - iii. If no alternative solution can be found, the pharmacy will open the cabinets except controlled substances.
- c. Use these steps to obtain Non-controlled medications from an unlocked cabinet:
  - i. Non-controlled substances: The drawers will remain open and disposition will be performed manually utilizing a log sheet by recording the date, time, patient’s name & room number or account number, name of medication removed, quantity removed, quantity remaining, and name of nurse removing the medication. See *Disposition of Medications from Omnicell During Downtime* at the end of the policy.
  - ii. Controlled substances from Narcotic Backup Box: Transcribe the inventory onto a CDAR. Document the date, time, name and quantity of medication, and name of nurse on the CDAR. Controlled substances will be placed in a locked cabinet and end of shift count will be documented.
  - iii. Nursing will re-order medications on a Stores Requisition as needed.
  - iv. When the cabinet can be used again, pharmacy staff will use the Restock function to add all quantities of drugs issued to the department during the downtime.
  - v. Nursing staff will use the Dispense function from the main menu to sign out all drugs that were taken during downtime. Each time a drawer opens, answer the prompts and close the drawer since the medication has already been removed. This will adjust the inventory in all areas and credit patients that are in areas that don’t utilize charge on administration. **IMPORTANT:** Perform this function in the order the medications were documented on the back up logs to ensure counts are confirmed and deducted in the correct sequence.
- d. The hospital information system downtime:
  - i. In the event the hospital computer system is down, (and the pharmacy computer system is working) the ADCs will continue to be operational.
  - ii. Admission, discharge, transfers, and patient’s orders will continue to be sent to the ADC, because pharmacy staff will continue to enter the information manually in the Pharmacy system.
  - iii. If the pharmacy system is down, patients must be manually admitted at the cabinet. No new orders will cross to ADC or appear on the profile.

Multiple patients may appear in the same bed because discharges may not have been processed.

- iv. When the pharmacy system is restored, all information will cross to the ADC. Duplicate patients may appear until patients are reconciled by pharmacy.

INITIAL EFFECTIVE DATE: 10/2010

DATES REVISIONS EFFECTIVE: 05/2017, 09/2017, 02/2021, 03/2024, 04/2024, 02/2025

DATES REVIEWED (no changes):



## Omnicell Security

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<b>Last Name, First Name Unit</b>	<b>Access Code</b>	<b>Position (RN, LPN, etc.) / Unit</b>
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**Temporary Users (Circle position below and record access expiration date):**

Nursing Student Instructor	Access Expires On _____
Other	Access Expires On _____

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At the top of this form, please indicate your access code for the Omnicell system. It is used to access patient medications on your assigned nursing unit(s) only. Please complete the top portion of this form, including: Last name, First name, Access code, Position and Unit. You will also have a pre-assigned password. The first time you access Omnicell you must change your password to something only you know.

*Note: It is important to remember your password. This is confidential. No one will be able to look it up for you.*

Please read the statement below and sign at the bottom to verify that you have read and understand the following statement:

*At the top of this form is my access code for the Omnicell system. I understand that in combination with my password, this will be my electronic signature for all transactions in the system. It will be used to track all of my transactions in the system and will be permanently attached to those transactions with a time stamp and date. These records will be maintained and archived as per the policies of Iredell Health System and be available for inspection by the Drug Enforcement Administration (DEA) and the appropriate regulatory agencies, as is presently done with my handwritten signature for controlled substance records.*

*I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





	ICU/CCU	PACU, OPS	OBS, OPOB	1 North, ICS	Iredell Davis
HOUSEWIDE	CRITICAL CARE	SURGICAL	WOMEN AND CHILDREN	Oncology	Behavioral Health
Adenosine inj	Dexmedetomidine (Precedex)inj	Bupivacaine inj	Ampicillin	Meperidine (Demerol) inj	Aspirin 81 mg PO
Albuterol neb	Diltiazem infusion	Sugammadex	Azithromycin IV		Glucagon inj
Amiodarone IV	Dobutamine		Bicitra		Glucose oral tablets
Aspirin 81 mg po/300 & 600 mg pr	Dopamine inj		Butorphanol (Stadol) inj		Naloxone inj
Atropine inj	Epinephrine Infusion		Carboprost (Hemabate) inj		Nitroglycerin tab
Calcium Cl/Gluconate inj/infusion	Fentanyl infusion		Cefazolin		Ondansetron inj
Clopidogrel 300 mg po	Midazolam infusion		Clindamycin		
Dexamethasone inj	Phenylephrine (Neo-Synephrine) inj, infus, syr		Dextrose 40% 1 gm/2.5 ml		
Dextrose inj	Vasopressin (Pitressin) inj		Labetalol injectable		
Diazepam inj			Magnesium IVPB		
Diltiazem inj			Methergine IV/IM		
Diphenhydramine inj			Misoprostol tablet		
Duonebs			Fent 2 mcg/ml-Bup 0.125% 250 mL bag		
Enalaprilat (Vasotec) inj	PCU		Nalbuphine inj		
Ephedrine inj	Dexmedetomidine (Precedex)inj		Nifedipine PO		
Epinephrine inj	Diltiazem infusion		Phenylephrine		
Etomidate inj			Tranexamic Acid 1000 mg/100 mL		
Famotidine inj					
Fentanyl inj					
Flumazenil inj					
Furosemide inj					
Glucagon inj					
Glucose oral tablets					
Hydralazine inj					
Hydromorphone inj					
Influenza Vaccine **					
IV Fluids - Maintenance					
KITs/Keys					
Lidocaine inj					
Lipids 20% 500ml inj					
Lorazepam inj					
Methylprednisolone inj					
Metoclopramide Inj					
Metoprolol inj					
Midazolam 1 mg/ml inj					
Morphine inj					
Naloxone inj					
Nitroglycerin tab, IV, spray					
Norepinephrine inj					
Ondansetron inj					
Oxytocin inj/bag					
Pancuronium inj					
Propofol inj					
Racepinephrine					
Rocuronium inj					
Sodium bicarb vial/syr inj					
Succinylcholine inj					
Terbutaline inj					
Vercuronium inj					