

Medication	Procuring	Storage	Ordering/prescribing	Preparation/dispensing	Administration
Alteplase No Abbreviation (tPA) use		50 mg: procedural 100 mg vials: ADC in ED, Cath Lab, OR and Interventional Radiology <i>Pyxis CDC confirming use</i> Cathflo – no restrictions	Ordered using an approved order set <ul style="list-style-type: none"> 1802 – Vasc surgery cathr-directed Thromboysis w/ alteplase 2067 – IP car cath-directed thrombolysis 4531 – IP ICU alteplase for PE 	Prepared and dispensed via Pharmacy IV room except in areas where stored in ADC for emergency use. Prepared per package insert. <i>PE, line patency & vascular use</i>	<i>due to code area</i> *Infusion will be administered using smart pump via DERS & require 2 nurses to check prior to administration.
Argatroban			Ordered using 'Heparin Induced Thrombocytopenia (HIT)' order set	Premix is available. If preparation required, product will be prepared by the pharmacy.	Argatroban infusions will be administered using smart pump via DERS & require 2 nurses to check prior to administration.
Chemotherapeutic drugs (parenteral only)	Wholesaler ships in a labeled chemotherapy bag that alerts it is cytotoxic. ASTM D6978 gloves are worn at all times when handling chemotherapeutic agents.	Parenteral chemotherapeutic drugs not in a final dosage form should be stored in negative pressure room	No verbal orders .	Chemotherapy is prepared inside a C-PECs (e.g. Class I, II, and III BSCs) within a negative pressure buffer room. Personal protective equipment is worn at all times. Parenteral chemotherapeutic preparations require a 2 nd verification performed by a pharmacist	*Chemotherapy administration by an RN/pharmacist with demonstrated Chemotherapy competency *Chemotherapy infusions will be administered using smart pump via DERS & require 2 clinicians (RN/pharmacist) to check prior to administration.
Enoxaparin	Only enoxaparin will be purchased. No other low molecular weight heparin will be purchased.		Orders must include appropriate monitoring as outlined in the Anticoagulation Monitoring Protocol		*Medical prophylaxis doses administered on standard administration time. *ADC alert for removing dose to close to the previous dose. *ADC warning question for administration with PCEA.
Epinephrine injection Epi Pen Epi Pen Jr 1 mg ampule/vial 1 mg Bristojet 30 mL vial		Epi Pens – only in EDs, clinics & infusion centers 1 mg vials – all IP ADCs, NOT in EDs 1 mg bristojet – code carts & ADC 30 mL vial – code cart only, except FSEDs/non-24h and ORs			
Epoprostenol			Ordered using an approved order set.	Infusions prepared in pharmacy, except under self-medication protocol.	*Administered in critical care and step down areas; TSU preferred step down. *Infusions will be administered using smart pump via DERS or patient's home pump & require 2 nurses to check prior to administration
Heparin Infusion	Pre-made, standard concentration heparin bags will be purchased		Titration heparin infusions are ordered using an approved order set. Fixed dose heparin infusions may be ordered by the physician. Dosing adjustments do not need to be on an approved order set.	Pre-made, standard concentration heparin bag is used whenever possible. Other heparin infusions are prepared by the pharmacy using standard concentrations or other approved concentration as dictated by manufacturer information.	*Heparin infusions will be administered using smart pump via DERS & require 2 nurses to check prior to administration *IV heparin boluses will be administered through the smart pump via DERS.
Heparin flushes, intravenous or subcutaneous		*Heparin vials and syringes are stocked in ADC in bins/ carousel drawers or bins with lids in towers. *Exception: anesthesia Pyxis A system will have heparin vials in matrix drawer			Operating room: two providers must check dose prior to administration for all pediatric cases
Insulin, subcutaneous U 500 specific	U 500 - vials only will be purchased	Stored in ADC bins with lids U 500 – is not to be used in clinics	Ordered using an approved order set. U 500 – Ordered using an approved order set. Pharmacy dual verification	U 500 – only dispensed in a pt. specific syringe; the vial will NOT be sent to the floor	*Use of pen device will NOT require 2 nurses to check prior to administration. *Doses drawn from a vial will require 2 nurses to check prior to administration.

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Insulin, Intravenous U500 will not be utilized for intravenous route			Insulin infusions will be ordered using an approved order set.	Insulin infusions will only be prepared by the pharmacy, if premixed solutions are not utilized.	*Insulin infusions will be administered using Alaris Guardrails & require 2 nurses to check prior to administration *IV insulin boluses from continuous infusions will be administered using smart pump via DERS *IVP doses drawn from a vial will require 2 nurses to check prior to administration.
Magnesium sulfate 40 g/1000 mL infusion		Stored in ADC with high alert CDC	Magnesium infusions will be initiated on an approved order set. Dosing adjustments do not need to be on an approved order set.		*Infusion will be administered using smart pump via DERS & require 2 nurses to check prior to administration
Neuromuscular Blocking agents		Stored in ADC in a lock-lidded bin. CDC with 'Caution Paralytic agent' Succinylcholine may be in a matrix drawer in A-Systems.		May be dispensed to ORs, EDs, and critical care units.	Must have adequate ventilator support prior to administration. *Infusion will be administered using smart pump via DERS & require 2 nurses to check prior to administration
Oxytocin infusion 30 units/500 mL		Stored in ADC with high alert CDC	Oxytocin infusion will be initiated using an approved order set. Dosing adjustments do not need to be on an approved order set.		*Infusion will be administered using smart pump via DERS & require 2 nurses to check prior to administration of new bag or restart on a titrating Oxytocin order. *IV Oxytocin boluses will be administered through the smart pump via DERS.
Potassium chloride or phosphate injection	Use of pre-mixed formulations when available.	Concentrated products not stored outside the pharmacy.			Infusions will be administered using smart pump via DERS.
Hypertonic Sodium Chloride bags 3%, 2% (OMC-NO only)	Use of pre-mixed formulations when available.	Not stocked on nursing units, except Level -1 trauma ED/CC, Neuro crit care (3% ONLY) & PICU in ADC locked lidded bin, with blind count Non-24 hour hospitals – may be available in night cabinet limited to house supervisor or ADC in lock-lidded bin, with blind count	Orders must include appropriate monitoring. Order Panel required for use.	All doses prepared by the pharmacy, if not commercially available	*Only administered in critical care, and step down units *Central line preferred *Infusion will be administered using smart pump via DERS
Hypertonic Sodium Chloride 23.4%	Use of pre-mixed formulations when available.	If stocked in ADC (Neuro Critical care, Level -1 trauma ED/CC) - only 30 mL vial, & must be stored in lidded bin, with blind count.	Orders must include appropriate monitoring. Order Panel required for use.	All doses prepared by the pharmacy, if 30 mL vial not available	*Only administered in neuro-critical care; neuro specific pt in adult or peds critical care, or ED *Central line only. *Dual sign off at administration *IV slow push - Neuro critical care or intensivist provider administered only *Nurse, with neuro competency, may administer using smart infusion pump via DERS (Shreveport only)
apixaban (Eliquis) dabigatran (Pradaxa) rivaroxaban (Xarelto)		Stocked in ADC in a lidded bin with high alert CDC	Orders must include appropriate monitoring.		
Tenecteplase (TNKase) No Abbreviation (TNK) use	50 mg kit	50 mg kit May stock in ADC in ED, Critical care, CT, Pyxis CDC confirming use	Ordered using an approved order set. • 723 – tenecteplase fibrinolytic for STEMI • 1410 – NEU Thrombolytic Therapy		Require 2 nurses to check prior to administration.
Warfarin	Generic warfarin may be purchased as long as the manufacturer is kept consistent.		INR ordered prior to 1 st dose and daily for inpatients and twice weekly for SNF.	Pharmacist will check baseline INR prior to first dose. INR monitored daily.	*Only administered at standard administration time (1700). *ADC alert for removing dose to close to the previous dose.

Shortages may impact above best practices