

VOLUME 9: PHARMACY SERVICES	Effective Date: 11/09
CHAPTER 5	Revision Date(s): 5/14
9.5 EMERGENCY DRUG SUPPLIES	Attachments: Yes 🛛 No 🗌

I. PROCEDURE OVERVIEW

Emergency medications necessary for life support shall be available in emergency medication storage units (crash carts). Only emergency medications as approved by the California Correctional Health Care Services Systemwide Pharmacy and Therapeutics Committee shall be stocked in crash carts. Crash cart locations shall be designated by the local Emergency Medical Response Review Committee (EMRRC), and these carts shall be inspected during monthly medication area inspection rounds or not less than every 30 days in licensed areas, pursuant to Title 22.

II. PURPOSE

To ensure the availability of approved life support medications required for emergency care. This procedure applies to emergency medication storage and maintenance only and does not apply to medical equipment or supplies.

III.PROCEDURE

A. Maintenance of Emergency Life Support Medication Supply

- 1. The Pharmacist-in-Charge (PIC) and the Chief Nurse Executive (CNE), or their designees, shall ensure that approved emergency medications are available, secure, and accessible at all times in crash carts.
- 2. Only approved emergency medications for life support (Appendix I) may be stocked in crash carts in designated locations as determined by the EMRRC, except as specified in section III.B.4.
 - a. The EMRRC may in coordination with the PIC establish crash cart medication quantities greater than the statewide requirements to meet local institution needs.
 - b. If the local EMRRC in coordination with the PIC determines that other medications are necessary for emergency response specific to their patient population, these medications shall not be stored in the crash cart.
- 3. Crash carts shall be secured and sealed with a red tamper-resistant, numbered seal which must be broken to gain access to the medications.
- 4. A CDCR 7529, Crash Cart Medication Inventory Log, of the medication contents of each crash cart shall be attached to the outside of the cart in a readily visible place. The log shall include the number from the red seal, date affixed, and the initials of the pharmacist affixing the seal. The inventory log shall include the following information for each medication contained in the cart:
 - a. Generic name
 - b. Dosage form
 - c. Strength

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- d. Quantity (as determined by local EMRRC and statewide minimums)
- e. Shortest expiration date
- 5. The CNE or designee is responsible for ensuring the integrity of the red seal. Nursing staff will record the crash cart red seal number(s) after daily inspection. The Crash Cart Daily Check Sheet is available at the following link: http://lifeline/Home/MedicalServices/PharmacyServices.aspx.

B. Managing Crash Cart Medications During Drug Shortages

- 1. The PIC shall document a drug shortage by placing an order for the drug and receiving a zero ship quantity confirmation from the prime vendor. The PIC shall attempt to purchase the drug through a secondary vendor by contacting the procurement coordinator at: <u>CDCRCPHCSMastersRXOrder@cdcr.ca.gov</u>.
- 2. The PIC shall order unavailable approved crash cart medications on a monthly basis as stated in section III.B.1.
- 3. The PIC or designee shall maintain the existing medication on the cart up to the business day prior to its expiration date but continue all efforts to obtain replacement during this time. The PIC shall assign task reminders to staff to ensure removal of the expiring medication.
- 4. Alternatives to the approved crash cart inventory shall be permitted when procurement is not possible due to drug shortages. Alternatives shall be permitted for variations in salt, strength and packaging. When using a salt variation, the PIC must confirm that the medication is approved for the intended indication prior to placement in the crash cart.
- 5. Alternative medications in the crash cart shall be marked with "high alert" auxiliary labels, precautions, and dose/administration directions.
- 6. The CDCR 7529, Crash Cart Medication Inventory Log, affixed to the outside of the crash cart shall be updated to reflect the alternative medication.
- 7. Alternative medications shall be replaced when approved crash cart medications are received.

C. Re-sealing the Crash Cart After Opening

- 1. A yellow seal indicates the crash cart was opened and is awaiting replenishment and verification of medications by a pharmacist. A red, numbered seal indicates the crash cart medications have been verified by a pharmacist and that the crash cart is ready for use. Only pharmacy staff will have access to red, numbered seals.
- 2. Whenever the red seal has been broken, a licensed health care staff member shall secure the crash cart with a yellow seal stocked in the crash cart. The CNE or designee shall notify pharmacy immediately after the red seal has been broken or by the start of the next pharmacy business day. Nursing staff and a pharmacist will coordinate replacement of medications and supplies before sealing with a red, numbered seal by the end of the next pharmacy business day.
- 3. When medications are used, the CNE or designee shall provide pharmacy with the associated patient-inmate name and CDCR number.

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- 4. A pharmacist shall thoroughly inventory the contents of the opened or unsealed crash cart, replace any medication used, and document any medication replenished on the Pharmacy Crash Cart Replenishment Log. The log is available at the following link: <u>http://lifeline/Home/MedicalServices/PharmacyServices.aspx</u>.
- 5. The local EMRRC and the PIC shall develop a process to address the possibility of insufficient crash cart stock after pharmacy business hours.
- 6. The pharmacist shall re-seal the crash cart with a red seal and replace the CDCR 7529, Crash Cart Medication Inventory Log.

D. Pharmacy Inspections

- 1. Once a month (or not less than every 30 days for areas licensed pursuant to Title 22) during pharmacy and non-pharmacy drug storage area inspections, a pharmacist shall evaluate and inspect emergency crash carts for integrity of the red seal and expiring medications. Except in the case of drug shortages as in section III.B.3 above, medications expiring within the next 60 days shall be replaced at the time of inspection.
- 2. Problems noted during the monthly inspection of crash carts shall be documented consistent with Volume 9, Chapter 25, Inspecting Medication Storage Areas.

IV. REFERENCES

- California Code of Regulations, Title 22, Sections 70263, 72377, 73375, & 79671
- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 21, Theft/Loss From Pharmacy or Medication Storage Areas
- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 25, Inspecting Medication Storage Areas

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Appendix I

Approved Crash Cart Medications with Minimum Required Quantities

**Crash Cart Medication List	Minimum Quantity
Adenosine, 3mg/ml, 2ml Vial	3
Amiodarone HCl INJ, 50mg/ml, 3ml Vial	3
Aspirin, 325mg non-coated Tablets	5
Atropine, 0.1mg/ml, 10 ml Syringe	4
Calcium Chloride, 10%, 10ml Syringe	2
Dextrose, 50%, 50ml Syringe	2
Digoxin, 0.25mg/ml, 2ml Ampule	3
Diphenhydramine, 50mg/ml, 1ml Vial	3
*Diltiazem, 5mg/ml, 5ml Vial	3
Epinephrine 1:1,000, 1mg/ml, 1ml Ampule	3
Epinephrine 1:10,000, 0.1mg/ml, 10ml Syringe	6
*Fosphenytoin, 50mg PE/ml, 10ml Vial	3
Furosemide, 10mg/ml, 10ml Vial	2
Glucagon HCl, 1mg kit INJ	2
Lidocaine 2%, 20mg/ml, 5ml Syringe	2
Magnesium Sulfate 50%, 0.5g/ml, 2ml Vial	4
Methylprednisolone Sod. Succ., 125mg/2ml Vial	2
Metoprolol, 1mg/ml, 5ml Vial	3
Naloxone, 1mg/ml, 1ml Vial	5
Nitroglycerin SL, 0.4mg #25 Tab Bottle	2
Nitroglycerin, 2% Top Ointment, 1g Unit Dose	8
Sodium Bicarbonate, 50mEq/50ml, 8.4% Syringe	3
Sodium Chloride, 0.9%, 10ml Vial	5
Vasopressin, 20 U/ml, 1ml Vial	8

*Diltiazem and Fosphenytoin are refrigerated items. They shall not be stored in the crash cart but shall be immediately available in a secured, refrigerated location near the crash cart.

**If one or more of the above listed medications is unavailable due to shortages, refer to Section III. B. Managing Crash Cart Medications During Drug Shortages.