

Jackson County Medical Control Authority

MICU Protocols

**MICU MEDICATION BOX CONTENTS, EXCHANGE PROCEDURE & USE
REPLACEMENT FORM**

Date: December 2017

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***MICU Medication Box Contents, Exchange Procedure & Use
Replacement Form***

1. The cooperating hospital's pharmacy shall accept the responsibility for permanent inventory reconciliation of a specific number of MICU narcotic medication boxes. It is the responsibility of the hospital pharmacy to develop and implement appropriate record keeping and security measures in accordance with Title 21, Federal Controlled Substances Act, which will minimize the potential for diversion.
2. The cooperating hospital pharmacy will stock the MICU medication boxes in accordance with the medication list approved by the MICU Medical Director and the Jackson County Medical Control Authority.

Procedure:

- A. The medications placed in the boxes shall be consistent throughout the stock of MICU narcotic medication boxes as to dosages and concentrations prescribed by the MICU Medication Box Replacement Form.
- B. Labels shall be securely attached to the outside of all medication boxes which shall include:
 1. The name of the hospital pharmacy which last restocked the box.
 2. The date the box was last restocked.
 3. The legible initials of the pharmacist who inventoried and restocked the medication box.
 4. The earliest date at which any medication or solution in the box would expire (30 day lead time recommended).
- C. After the medication box has been inventoried, restocked, and appropriately labeled, the pharmacist will attach a green plastic breakaway seal. A red seal will be placed in the box by the restocking pharmacy for use by the MICU Paramedic. The hospital pharmacy will be solely responsible for dispensing and accounting for these seals.
- D. The sealed medication boxes will be placed in a locked storage area in the HFAH outpatient pharmacy or appropriate location designated by the HFAH pharmacy. Only staff designated by the HFAH pharmacy will have access to the medication boxes. A permanent record shall be maintained indicating the number on the medication box, the MICU Unit designation, the name of the MICU Paramedic to whom the medication box was issued, and the name of the pharmacy designated staff or pharmacist receiving or dispensing the box. Other facilities may provide a similar service as approved by the MCA.
- E. The MICU run record shall serve as a permanent medical record of physician orders for medications administered.
- F. When medications from the box are used or whenever the pharmacy seal on the box is broken, the MICU Paramedic will place a copy of the Jackson MCA MICU

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- Narcotic Medication Box Replacement Form, including patient name and registration number, signed by the physician/nurse, in the medication box. The MICU Paramedic will then reseal the medication box utilizing the red seal that the pharmacist placed in the medication box for that purpose.
- G. The used MICU narcotic medication box will then be exchanged for a pharmacy-sealed box at the HFAH pharmacy designated area under the supervision of the appropriate pharmacy staff. Once sealed by the pharmacist, the exchanged box will not be inventoried by the MICU Paramedic personnel prior to documented necessity for use.
- H. All requirements for signatures and filing of the MICU run report apply independent of the receiving facility whenever a MICU narcotic medication box is used for patient transport.
- I. Any discrepancies in the medication box will be documented on ALS Medication Discrepancy Report and clearly labeled MICU Medication Box Discrepancy form.
1. If the discrepancy is discovered by the MICU Paramedic at the time of utilization, the report form shall be co-signed by the other MICU crew members.
 2. Hospital pharmacists who note discrepancies in the medication box inventory, which cannot be accounted for by the MICU run records, shall initiate and sign the discrepancy form.
 3. Copies of the discrepancy reports, along with copies of the MICU run report, are sent to the MICU Medical Director and the ambulance service who are responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy.
 4. Controlled substances which are contaminated, lost through spillage, or partially used must be accounted for on the MICU run record by the MICU Paramedic and co-signed by other crew members.
- J. Locked and secure compartments or other locking devices approved by the Michigan Department of Health and Human Services shall be provided on the MICU vehicle and utilized to prevent access to stored drugs by unauthorized persons.
- K. Any incident resulting in diversion of a controlled substance shall be promptly reported by the HFAH pharmacy. The report of the circumstances concerning the diversion shall be forwarded to the following:
1. Board of Pharmacy
 2. Michigan Department of Health and Human Services
 3. The local law enforcement agency.
 4. U.S. Department of Justice/Drug Enforcement Administration (Report to DEA must be submitted on DEA Form 106 "Report of Theft or Loss of Controlled Substances").
 5. MICU Medical Director
 6. EMS Medical Director

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Jackson MCA MICU Medication Box Replacement Form

AGENCY/UNIT _____ HOSPITAL _____

DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication	Unit/Size	Quantity	Used
Propofol 1%	500 mg/50 ml infusion vial	2	
	or 1 gram/100 ml vial	1	
Norepinephrine (Levophed)	4 mg vial or amps (vials preferred)	2	
Midazolam	50 mg/10 ml vial	1	
Fentanyl	100mcg/2ml	3	
0.9 Normal Saline	250 ml bag	1	
0.9 Normal Saline	100 ml bag	1	

Patient Name: _____ Registration Number: _____ D.O.B _____
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Paramedic's Statement

MICU Medication Box Number _____ has been opened and the above noted medication(s) used as prescribed. This box has been red sealed with breakaway tag number _____.

Paramedic Signature: _____ Date: _____

Receiving Physician/RN: _____

Documentation of Controlled Substance Waste

Witness: _____ Medic: _____