

POLICY MANUAL

Subject: High Alert Medications **Effective Date:** 12/2007

Initiated By: Jill Howard DON **Approved By:** Robert Murray Medical Director

Review Dates: 12/09 NC, 12/10 NC,
02/11 NC, 04/12 NC, 03/13 NC, 2/14 NC **Revision Dates:**

POLICY:

Cumberland Heights has identified medications that have a high percentage of errors and/or sentinel events, as well as medications that carry a higher risk for abuse or adverse outcomes. These medications are reviewed annually using the ISMP (Institute for Safe Medication Practices).

PROCEDURE:

A list of the high alert medications is posted in the Medication Room where the nursing staff can view readily. Patients who are administered these medications (oral hypoglycemic /Narcotic /Insulin) for the first time are kept in the Nurses Station for 30 minutes for observation of adverse reactions or significant side effects. Patients taking Coumadin or Heparin have lab work drawn and evaluated as ordered by the physician.

[Please see separate policy on Insulin Administration.](#)



ISMP's List of *High-Alert Medications*

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies like improving access to information about these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; standardizing the ordering, storage, preparation, and administration of these products; and employing redundancies such as automated or independent doublechecks when necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list).

Classes/Categories of Medications	Specific Medications
adrenergic agonists, IV (e.g., EPINEPH rine, phenylephrine, norepinephrine)	epoprostenol (Flolan), IV
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)	magnesium sulfate injection
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)	methotrexate, oral, non-oncologic use
antiarrhythmics, IV (e.g., lidocaine, amiodarone)	opium tincture
antithrombotic agents, including: <ul style="list-style-type: none"> • anticoagulants (e.g., warfarin, low-molecular-weight heparin, IV unfractionated heparin) • Factor Xa inhibitors (e.g., fondaparinux) • direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate, lepirudin) • thrombolytics (e.g., alteplase, reteplase, tenecteplase) • glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide) 	oxytocin, IV
	nitroprusside sodium for injection
	potassium chloride for injection concentrate
	potassium phosphates injection
	promethazine, IV
	vasopressin, IV or intraosseous
cardioplegic solutions	
chemotherapeutic agents, parenteral and oral	

Background

Based on error reports submitted to the ISMP National Medication Errors Reporting Program, reports of harmful errors in the literature, and input from practitioners and safety experts, ISMP created and periodically updates a list of potential high-alert medications. During October 2011–

dextrose, hypertonic, 20% or greater
dialysis solutions, peritoneal and hemodialysis
epidural or intrathecal medications
hypoglycemics, oral
inotropic medications, IV (e.g., digoxin, milrinone)
insulin, subcutaneous and IV
liposomal forms of drugs (e.g., liposomal amphotericin B) and conventional counterparts (e.g., amphotericin B desoxycholate)
moderate sedation agents, IV (e.g., dexmedetomidine, midazolam)
moderate sedation agents, oral, for children (e.g., chloral hydrate)
narcotics/opioids <ul style="list-style-type: none"> • IV • transdermal • oral (including liquid concentrates, immediate and sustained-release formulations)
neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
parenteral nutrition preparations
radiocontrast agents, IV
sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more
sodium chloride for injection, hypertonic, greater than 0.9% concentration

February 2012, 772 practitioners responded to an ISMP survey designed to identify which medications were most frequently considered high-alert drugs by individuals and organizations. Further, to assure relevance and completeness, the clinical staff at ISMP, members of our advisory board, and safety experts throughout the US were asked to review the potential list. This list of drugs and drug categories reflects the collective thinking of all who provided input.

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