

High Alert Medications (H.A.M.)

***The following medications are recognized as “HIGH ALERT MEDICATIONS”:**

- Heparin IV infusion
- Insulin and insulin IV drips
- IV drips: controlled substances, Lorazepam, Midazolam, PCA Morphine, PCA Hydromorphone, PCA Meperidine
- KCL bolus with concentration greater than 10 meq per 50 ml
- IV Chemotherapy
- Thrombolytic agents and Argatroban
- Neonatal orders
- IV drips of Neuromuscular Blocking Agents

NOTE: Pharmacy provides **standardized concentrations** of high risk medications in order to decrease the risk of error.

***Procedure for administering “High Alert Medications”:**

- The medication must be **double-checked by a second nurse** (one of which must be an RN).
 - Pyxis will prompt for a double-check on all HIGH ALERT medications.
- The second nurse must confirm that the following are correct when compared to the original physician order:
 - Medication type
 - Dose
 - Concentration
 - Base solution
 - Infusion rate
- Once this information is confirmed, the medication can be administered.
- **Both nurses must sign off each medication dose on the MAR**, or drug-specific monitoring flow sheet.

***PCA and Epidural narcotic medications require two-person independent review and verification of pump parameters in the following circumstances:**

- Upon initiation of medication
- Patient transfer
- Shift change
- Change of bag
- Prescription changes
- Discontinuation

***Heparin, Thrombolytic and Argatroban infusions** require independent second person validation of calculations and pump programming **with any change in dosing based on lab results.**