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POLICY:	200.35 MEDICATION EXCHANGE		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 4/4/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

To provide a mechanism for a means for Morris Hospital Emergency Medical Services System (MHEMSS) pre-hospital providers to exchange used, expired, or damaged medications and to discuss when charges for medications will be absorbed by the EMS System or billed to the Agency.

II. Policy:

A. Medication accountability

1. Agencies must use the Morris Hospital Controlled Substance Count Log and Proof of Use Sheet
 - a. Every time a controlled substance is used it must be documented on the log and in the Patient Care Report (PCR) with the amount used and amount wasted.
 - b. Wasted controlled substances must be witnessed by at least 2 people and documented on the PCR.
 - c. One log form per licensed advanced life support (ALS) vehicle is required. The original sheets will be maintained by the agency. The agency will send an electronic copy of the Log form and each PCR to the MHEMSS on a monthly basis by the 10th of the following month.
2. Agency inventory/inspections of drug box contents and non-controlled substances must be completed at a minimum of once per month by MHEMSS authorized EMS personnel.
3. Controlled substances (i.e. fentaNYL, ketamine, midazolam, morphine) must be accounted for on a daily basis, at the start of every shift by the EMS personnel assigned. The controlled substances must be locked with a tamper-proof system of accountability. This shall be documented on the Morris Hospital EMS System Controlled Substance Accountability Log. The agency will send an electronic copy of the log form to MHEMSS on a monthly basis by the 10th of the following month.
4. Any discrepancy including any shortage or evidence of tampering shall be reported immediately to MHEMSS
5. Agencies must retain drug box inventory forms and Controlled Substance Inventory Logs for not less than 2 years, and shall make them available to MHEMSS and Illinois Department of Public Health (IDPH) upon request.

6. All fluids and medication are to be maintained in a temperature controlled environment so that they are not exposed to extreme hot or cold temperatures. All fluids and medications are to be secured at all times.
7. EMS personnel may be suspended/removed from the MHEMSS for non-compliance.

B. Distribution of medications

1. All agency vehicles licensed within MHEMSS shall be stocked with the medications that are listed on the Morris Hospital [Emergency Medical Services Drug Exchange form](#).
2. When the Region VII Standing Medical Orders book has an update and different medications are to be supplied the MHEMSS shall approve the pharmacy to supply the initial dose of the medications to bring all of the agency responder apparatus up to the appropriate par level.
3. When an agency increases their number of ALS, ILS or basic life support (BLS) vehicles, whether it be a transport or a non- transport vehicle, MHEMSS will supply the first drug box worth of medications to the agency at no cost.

C. Exchange

1. All medications utilized in pre-hospital patient care will be exchanged on a 1:1 basis when the patient is transported to Morris Hospital, or any other Region VII Resource or Associate Hospital. A PCR, which includes patient information such as name, date of birth, and other identifying information, is required to replace or exchange any drugs or equipment.
2. All expired, unused, and discontinued drugs must be returned to the Morris Hospital pharmacy for proper disposal.
3. Any provider coming to the Morris Hospital pharmacy for any drug replacement (controlled substance or non-controlled substance) must show proof of patient administration and/or waste in order for pharmacy staff to replace. Acceptable proof of drug administration is a run sheet/medication administration record/PCR, which includes name, date of birth, and other identifying information.
4. To replace all medications utilized in pre-hospital patient care, the provider should request assistance from an emergency department registered nurse. The following information is required:
 - a. Pre-hospital provider
 - b. Completed PCR
 - c. Type and amount of medication used
5. In accordance with IDPH Administrative Code 515 Title 77 Section 515.833, rural ambulance provider or rural vehicle service provider that is approved to provide an in-field service level upgrade based on the licensed personnel on the vehicle, all advanced life support medical supplies, durable medical equipment, and medications must be environmentally controlled, secured, and locked with access by only the personnel who have been authorized by the EMS System Medical Director to utilize those supplies.
 - a. The paramedic or pre-hospital registered nurse (PHRN) coming to Morris Hospital for any medication replacement or exchange must show proof of patient administration and/or waste in order for pharmacy staff to replace.
 - b. An [Emergency Medical Services Drug Exchange Form](#) must be completed by the paramedic or PHRN exchanging any medication.

D. Soon-to-be expired/expired/damaged medications

1. All medications, according to the U.S. Food & Drug Administration (FDA), are dated with an expiration date. If dated with month and year only, the drug will expire on the last day of the indicated month (e.g., 10/05 expires 10/31/05.).
2. An [Emergency Medical Services Drug Exchange Form](#) must be completed to exchange soon-to-be-expired or damaged medications through the Morris Hospital Pharmacy.
3. Medications that are past their expiration date or unusable must be returned to the pharmacy for replacement. Because the pharmacy cannot use these medications, the Agency will receive a bill for their replacement.
4. The FDA may extend the expiration date of a medication, identified by name and lot number. MHEMSS allows agencies to utilize the FDA's website to carry a medication past its expiration date only if verified on the FDA's website, accessible at: <https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages> . A printed copy of the FDA's verification showing drug name, lot number, and extended expiration date must be kept with the medication.

E. Refusal of service

1. When there are medications used for pre-hospital care of a patient and the patient is a documented refusal of service, the following procedure must be followed:
2. Submit a completed PCR upon replacement of medications.
3. An [Emergency Medical Services Drug Exchange Form](#) must be completed and attached to the PCR to exchange medications through the Morris Hospital pharmacy.

F. Transport to a Hospital That Will Not Replace Medications

1. MHEMSS will replace medications used by an agency if the patient was transported to a hospital that will not replace the medications that were used.
2. An [Emergency Medical Services Drug Exchange Form](#) must be completed and attached to the PCR to replace medications through the Morris Hospital pharmacy.
3. Because the Agency has the ability to bill the patient under CMS and Private Insurances for an "ALS Non-Transport, the Agency will receive a bill for the medications. The Agency should then look at recouping the cost through the patients insurance/ CMS. Hospitals cannot bill under this code as the patient was not seen at the hospital by hospital employees.

G. Termination of resuscitation in the field

1. MHEMSS will replace medications used by an agency for a patient whose resuscitation was terminated in the field.
2. An [Emergency Medical Services Drug Exchange Form](#) must be completed and attached to the PCR to replace medications through the Morris Hospital pharmacy.
3. Because the Agency has the ability to bill the patient under CMS and Private Insurances for an "ALS Non-Transport", the Agency will receive a bill for the medications that it restocks at the hospital.
4. The Agency should then look at recouping the cost through the patients insurance/ CMS. Hospitals cannot bill under this code as the patient was not seen at the hospital by hospital employees.

