

This Algorithm has been created by CarepathRx solely for its internal use and the use of its contracted clinical partners. All other use of this Algorithm is prohibited without express written permission. Published as an Algorithm, CarepathRx's clinical partners may adopt this Algorithm subject to the partner's policy adoption processes.

CarepathRx does not and cannot warrant or guarantee that this Algorithm reflects the objectively best or highest standard of care at any given time.

Nothing within this Algorithm is intended to supersede or interfere with any individual clinician's decision-making or professional judgment with respect to the overall treatment for an individual patient.



## ALGORITHM FOR NOTIFICATION OF PHARMACIST AND PROVIDER

**Section:** Nursing

**Compliance:** ACHC Infusion Pharmacy

ACHC Standards: N/A INS Standards: N/A TJC Standards: N/A IgNS Standards: N/A Policy ID: NUR 021 Effective: 7/1/2023

> Reviewed: Revised: Created:

Approved by, Title and Date Approved: Kathleen Patrick, President, 7/1/2023

## I. ALGORITHM

This Algorithm has been created for effective notification of Provider or Pharmacist to ensure the patient receives medically necessary intervention or treatment to improve clinical outcomes.

## A. Notification of Provider FIRST then the pharmacist:

- 1. Signs or symptoms of anaphylaxis
- 2. Signs or symptoms of a reaction or adverse effects, including those that may occur post treatment
- 3. Inability to obtain IV access or loss of vascular access device: According to INS Standards, no more than 2 attempts per 1 nurse should be made to insert an IV catheter. If unable to insert catheter, notify the patient's physician who may elect to give an order for an additional number of attempts
- 4. Suspected catheter associated DVT: A 3cm increase in midarm circumference or other abnormal assessment finding
- 5. Catheter migration: If the external length of the catheter has increased by 2cm or more
- 6. Abnormal vital signs before, during or after treatment
- 7. Abnormal physical assessment findings which could prevent or delay treatment
- 8. Change in patient status
- 9. Request for premedications



## B. Notification of Pharmacist FIRST:

- 1. Notify pharmacist by calling the number listed at the top of the medication label.
- 2. Notification conversation to include whose responsibility it is to notify the provider, the nurse or the pharmacist.
- 3. Situations requiring Pharmacist notification first:
  - a. Signs or symptoms of wear off: where the patient begins to feel that the improvement gained from a dose of medication gradually fades off and does not last until the time that the next dose is due (pharmacist or nurse to notify provider after notification of pharmacist)
  - b. Non-compliance or refusal of treatment (pharmacist or nurse to notify provider after notification of pharmacist)
  - c. Need to reschedule labs
  - d. Need to reschedule a dose of medication
  - e. Expired medication, vial(s)/cassette/syringe/infusion bag with cracks, particulate matter, or cloudy medication
  - f. Any waste of product and reason (Adverse drug reaction, signs or symptoms of reaction or anaphylaxis, inability to access or maintain IV access); (pharmacist or nurse to notify provider after notification of pharmacist)
  - g. Changes in prescribed or over the counter medications