TITLE: ALGORITHM FOR NOTIFICATION OF PHARMACIST AND PROVIDER	POLICY NUMBER: NUR021
URAC STANDARDS: N/A	ACHC STANDARDS: N/A
TJC STANDARDS: N/A	IGNS STANDARDS: N/A
EFFECTIVE DATE: 7/1/2023	REVISION DATE: 7/6/2026
REVIEWED DATE: 7/6/2026	APPROVAL AUTHORITY: DAVID BENEDICT, PRESIDENT

I. ALGORITHM

This algorithm has been created for effective notification of Provide and Pharmacist to ensure the patient receives medically necessary intervention and treatment to improve clinical outcomes.

A. Notification to 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, a provider order to use the line or verify line placement. NOTE: the medication and concentration must be appropriate for peripheral IV administration to administer without confirming tip placement is centrally placed.
7. Abnormal physical assessment findings which could prevent or delay treatment
8. Change in patient status
9. Request for over the counter (OTC) pre-medications

B. Notification of Pharmacist **FIRST:**

1. Notify pharmacist by calling the pharmacy 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. Request for prescription pre-medications
    b. 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)
    c. Non-compliance or refusal of treatment (pharmacist or nurse to notify provider after notification of pharmacist)
    d. Need to reschedule labs, with reason for rescheduling
    e. Need to reschedule a dose of medication, with stated reason for rescheduling
    f. Expired medication, vial(s)/cassette/syringe/infusion bag with cracks, particulate matter, or cloudy medication
    g. Any waste of product and reason such as adverse drug reaction, signs or symptoms of reaction or anaphylaxis, or inability to access or maintain IV access (pharmacist or nurse to notify provider after notification of pharmacist)
    h. Changes in prescribed or over-the-counter medications

II. APPROVAL HISTORY

Approval Authority	Title	Date
Kathleen Patrick	President	07/01/2023
David Benedict	President	07/06/2026