

Vermont Psychiatric Care Hospital Policy and Procedure		
Emergency Medications		
Effective: September 2014	Revised: September 2024	Due for Review: September 2026

POLICY

Vermont Psychiatric Care Hospital (VPCH) will provide an environment that supports treatment of hospitalized individuals in crisis situations by educated staff that will have readily available access to emergency medications and supplies.

PROCEDURE

All units will have a defibrillator available on the unit.
 All Crash Bags will be kept in secured locations and SEALED with a breakable lock.
 All medications are segregated and labeled with the description of the medications and an expiration date.

Nursing responsibilities:

The nurse will inspect the Crash Bag, locks, and the defibrillator **every shift**.
 The nurse will check the contents of Crash Bag **monthly** checking for completeness as well as expiration dates.
 All missing or expired items are to be replaced prior to locking the crash cart.
 After each entry into the Crash Bag, the contents are to be checked and the hospitalized individual checking the cart will replace all missing items.
 All transactions will be documented to include the nurse signature, date and lock number numbers.
 The monthly Crash Cart checklist is forwarded to the department nurse manager.

Pharmacy responsibilities:

The Pharmacy is responsible for the preparation and integrity of all Crash Bag medications and replacement of medications as needed.
 Pharmacy is responsible for both the medication contents of the Crash Bag and a monthly inspection procedure that ensures drugs are in adequate and proper supply and date.

Security breakable locks:


Locks will be used to indicate Crash Bags were checked and resealed by Nursing.
 They are logged when distributed via the ADM.
 Medications will be sealed by Pharmacy staff only and must be checked by a pharmacist.

CRASH CART CONTENTS

Contents	#	Expiration
NITROSTAT 0.4MG	1 BT OF 25	
AMMONIA INHALANTS	2	
ASPIRIN 81MG CHEWABLE	5 TABLETS	
GLUCAGEN INJECT	1 VIAL	Available in ADM only-
EPI PEN 0.3MG	1 syringe	
INSTANT GLUCOSE	1 TUBE	
NALOXONE 0.4MG/ML SDV	1 SDV	

References

Joint Commission M.M.03.01.03

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p>	9/25/2024