The High-Alert Medication Checklist  was designed to help you create or modify your organization’s high alert list.  This checklist can also be used during your new drug formulary review.  High alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error.  Although mistakes may or may not be more common with these drugs, the consequences of an error with these medications are clearly more devastating to patients.  If during your assessment the information obtained from this High-Alert Medication Tool leads you to believe a medication should be added, consider preparing a proactive risk assessment to develop error reduction strategies.

This tool was developed by the Section of Inpatient Care Practitioners Medication Safety Advisory Group.

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| Questions | Question Scoring\*\* | | Secondary Questions | Secondary Question Scoring | | Frequently Asked Questions |
|  | Yes | No |  | Yes | No |  |
| 1. Does this medication exist on the ISMP High Alert Medication list, OR does it need to remain on your current list (if already there)? |  |  |  |  |  | Definition of ISMP high-alert medications: High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. The current medications on your high alert list should also be reviewed to determine if they need to remain. |
| 1. Have serious errors been reported with this medication internally at your facility? (If it's a medication new to the market, look at other similar medications in the same therapeutic drug class/category), OR could the outcome of an error with this medication cause serious patient harm? |  |  |  |  |  | Q. How do I evaluate error reports if the medication is new to formulary?  A. Evaluate error reports of medications in the same class/category.  Q. Serious harm is defined as NCC MERP severity categories  F-I. |
| 1. Have errors, reports/alerts, or recommend special restrictions or requirements been reported with this drug by external bodies (e.g., ISMP, FDA) |  |  |  |  |  | Q. Where do I find external sources of error reports for new medications?  A. Review reports from ISMP, FDA, TJC, other facilities in your area, list-serves and current literature. |
| 1. Does this medication treat a vulnerable patient population?    1. Neonates    2. Critical Care    3. Hematology/Oncology    4. Transplant |  |  |  |  |  | Q. How should I score this question if my hospital treats patients who are only within these populations (e.g., a children's hospital or a cancer center)? A. Scoring for this question can be deferred if your patients all fall into one of these categories. |
| 1. Does this medication require special knowledge or precautions in any of the following medication use phases: prescribing, transcribing, storage, dispensing/preparation, administration, monitoring? ***\*\*Each secondary question receives 1 point if you answer “yes” to 50% or greater of any of the questions.\*\**** |  |  | Within the **PRESCRIBING** phase:   1. Is this a look-alike, sound-alike drug? 2. Should there be limited concentrations available? 3. Are there multiple formulations available (e.g., extended-release products, liposomal formulations, multiple dosage forms)? 4. Are there standard order sets developed to guide prescribers? 5. Should there be maximum dose limits (forcing function)? 6. Are weight-based dose limits needed? 7. Are there drug information resources? 8. Should the medication be considered restricted access to specialized prescribers (e.g., tPA to neurology)? |  |  |  |
|  |  | Within the **TRANSCRIBING** phase:   1. Are verbal orders prohibited? |  |  |  |
|  |  | Within the **STORAGE** phase:   1. Are there specific medication security requirements? 2. Should the medication be placed in a locked location or separated from other medications (concentrated electrolytes, controlled substances, neuromuscular blockers)? 3. Should there be limited access (e.g., stored only in the pharmacy, not on a patient care unit) 4. Are auxiliary warning labels required? |  |  |  |
|  |  | Within the **DISPENSING/PREPARATION** phase:   1. Should personnel be trained and credentialed? 2. Are there special handling/transportation precautions? 3. Is the medication available as a unit dose or premade product or does it require compounding? 4. Does this medication require limited distribution or access such as storage in a specialized pharmacy location (e.g., satellite pharmacy (pediatrics, oncology, critical care))? 5. Is an independent double check recommended? 6. Are auxiliary warning labels required? |  |  |  |
|  |  | Within the **ADMINISTRATION** phase:   1. Should there be a limit or maximum infusion rates (forcing functions)? 2. Should the medication be independently double checked prior to administration? 3. Does this medication require special handling? 4. Does the medication require credentialed personnel for administration? 5. Does the medication require special reconstitution or manipulation immediately prior to administration? 6. Is the route of administration considered high risk (e.g., intrathecal, intravenous) 7. Is the medication a vesicant or is there a heightened risk for extravasation? 8. Does the medication match the indication? |  |  |  |
|  |  | Within the **MONITORING** phase:   1. Does the medication have an associated REMS requirement? 2. Is special monitoring required (e.g., labs, vital signs, monitoring equipment)? 3. Is an independent double check required for changes to the infusion rate? 4. Is the medication a vesicant or is there a heightened risk for extravasation? 5. Do the lab results match the patient (correct patient) and were they drawn appropriately (e.g., trough drawn before infusion, not during or after)? |  |  |  |
| Total Score for Question Scoring + Secondary Question Scoring |  |  |  |  |  |  |
| Final Score |  |  |  |  |  |  |

**Scoring Tool**

**Lower Risk**

**Higher Risk**

**1 2 3 4 5 6 7 8 9 10**