

## *Ambulatory Clinic Policy and Procedure*

Title: MANAGEMENT OF PATIENT SPECIFIC MEDICATIONS	Policy Number: EP 4.5
Regulation: AAAHC MED.100-MED.230; JCAHO MM.01.01.01-MM.08.01.01	Effective Date: 12/2025

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**Policy Statement:**

Texas Tech Physicians of El Paso (TTP-EP) recognizes the importance of receiving, storing, and administering patient-specific medications in a manner that ensures safety, accuracy, and continuity of care. The organization is committed to maintaining procedures that safeguard the integrity of all medications from the point of receipt through administration.

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**Scope and Distribution:**

This policy applies and will be distributed to all TTP-EP ambulatory clinics.

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**Procedure:**

1. Roles and Responsibilities
  - a. Medication Administrators (e.g., nurses, medical staff): Responsible for accurate and complete logging of all patient specific medication information.
  - b. Designated Auditors (2 designees): Responsible for performing and documenting weekly medication audits.
  - c. Supervisors/Managers: Ensure staff compliance with this protocol.
2. Patient specific medications may be received by the clinic. In special circumstances, clinics may receive and store medications that have already been dispensed by a pharmacy for a specific patient.
3. Medication Logging
  - a. The Patient Specific Medication Log (EP 4.5A) will serve as a record of medications received and administered.
  - b. The patient's name, unique identifier (e.g., MRN), and date range must be clearly listed.
  - c. If the same patient receives the same medication but from a different lot number or a different dose, a separate log page is required.
  - d. A new page must be started with changes to either patient name or identifier, medication name, medication strength (dose), NDC, lot number, or expiration date.
  - e. Completed Logs
    - Completed pages must be filed in the patient's medication binder or electronic record (if digital pages are used) in chronological order.
    - No pages may be removed or altered without supervisor approval.
4. Storage
  - a. Patient specific medications are stored under a double lock system and are labeled appropriately as outlined in Policy EP 4.1 Storage and Disposal of Drugs and Biologicals.
  - b. Medications must be labeled with the patient's name and date of birth, medication name, strength, amount, and expiration date if not apparent from the packaging.
5. Administration
  - a. Patient specific medications are administered as outlined in Policy EP 4.3 Medication Management, Administration, and Documentation.
6. Dispensing
  - a. Medications cannot be dispensed to the patient to take home.
7. Medication Audit Procedure
  - a. A medication audit must be conducted weekly.

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- If the medication is a controlled substance, then the audit must be conducted daily. Controlled substances are to be audited daily as outlined in EP 4.4 Management of Controlled Substances.
- b. Audits must occur on the same day each week unless adjusted with supervisor approval.
- c. Two designees must complete each audit together. Both auditors must sign the audit form.
- d. Auditors must verify:
  - All required log pages are present and correctly separated appropriately.
  - Entries are complete, legible, and accurately filled out.
  - Doses administered match remaining inventory.
  - Lot numbers and expiration dates are current and valid.
  - Any discrepancies are documented and reported immediately to the supervisor.
- e. Documentation of audit must include:
  - Date and time of audit
  - Names and signatures of both auditors
  - Current inventory
  - Notation of any discrepancies

8. Disposal

- a. Patient specific medications are disposed of appropriately as outlined in Policy EP 4.1 Storage and Disposal of Drugs and Biologicals.

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### **References:**

Accreditation Association for Ambulatory Health Care. (2023). Accreditation Handbook for Medicare Deemed Status (v 43.1). AAAHC.

The Joint Commission. (2024). Comprehensive Accreditation Manual for Ambulatory Care (CAMAC) (effective January 1, 2024). The Joint Commission.

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Signatory approval on file by: <b>Rajiv Rajani, M.D.</b> <b>Associate Dean of Clinical Affairs</b> <b>Clinic Medical Directors Committee, Chair</b> <b>Texas Tech Physicians of El Paso</b>			