

## TEMPORARY EXTENSION OF NECESSARY MEDICATION

**Skill Level:** RN, LPN

**Definition:** For temporary extension of necessary medication for control of chronic diseases where discontinuation would cause potential health hazard to patient.

<p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>"I just got here and I am out of medication."</li> <li>"My medication order is due to/has run out."</li> <li>"My medication ran out last week"</li> </ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Valid, current medication order which will soon expire.</li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>Patient is medicated for a chronic condition, i.e., seizure disorder, diabetes, psychiatric, pulmonary, endocrine, cardiovascular <b>AND</b> current order expires prior to ability to have practitioner review.</li> <li><b>Expired orders are not renewable without an order from a medical provider.</b></li> </ul>	<p><b>Plan:</b></p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> <li>Verify dosage and type of medication.</li> <li>Renew medication x 15 days, verifying previous expiration date. Please specify if you wish pharmacy to send additional medication or not.</li> <li>May not be extended more than 15 days without practitioner review.</li> <li>May not be extended if controlled (narcotic medication)</li> <li>Schedule practitioner appointment or chart review for additional medication renewal orders.</li> <li>If the order has expired, a new order must be obtained from the practitioner.</li> </ul>

**Nursing Education:**

1. This protocol is not intended to reduce responsibility for timely practitioner appointments.
2. May not extend controlled medication by use of this protocol.


**APPROVED:**

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Health Services Manager

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Date

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Chief Medical Officer

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

5/21/09  
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Date

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