OBJECTIVES

- To establish guidelines for the restrictions, exceptions, and dispensing of select heparin products in order to minimize the risk of medication errors and prevent harm to patients.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Exemptions

1.1 This guideline does not apply to the following:

a) Emergency Medical Services (EMS);

   (i) EMS staff shall continue to follow the AHS EMS Provincial Medical Control Protocols: Adult and Pediatric and any other EMS documents with regard to high-alert medications.

b) Home Living, Supportive Living, and facilities operated by contracted Long-Term Care Service Providers (refer to the AHS Medication Management Policy [Continuing Care]).
2. Restricted Products

2.1 The following select heparin products are restricted by Accreditation Canada Required Organizational Practice and shall not be stored in patient care areas (i.e., wardstock):

a) unfractionated heparin 50,000 units total per container (e.g., 50,000 units/five [5] millilitres (mL); 50,000 units/two [2] mL);

b) unfractionated heparin greater than or equal to 10,000 units total per container (e.g., 10,000 units/one [1] mL; 10,000 units/10 mL; 30,000 units/30 mL);

c) unfractionated heparin for intravenous use (e.g., 25,000 units/250 mL; 25,000 units/500 mL; 20,000 units/500 mL); and

d) low molecular weight heparin (LMWH) in multi-dose vials.

(i) Multi-dose vials of low molecular weight heparin products may be stocked in Critical Care areas for treatment doses (e.g., Intensive Care Unit [ICU], Pediatric Intensive Care Unit [PICU], Neuro Intensive Care Unit, Neonatal Intensive Care Unit [NICU], Cardiac Care Unit [CCU], Cardiovascular Intensive Care Unit [CVICU], Operating Room [OR], Day Surgery, Recovery Room [RR], Emergency Room/Department [ER/ED], Burn Unit, or Cardiac Catheterization Labs).

3. Exceptions

3.1 When it is necessary for a restricted heparin product to be available in selected patient care areas (i.e., wardstock), an AHS Required Organizational Practice (ROP) Exception Request Form must be submitted to the provincial Pharmacy Services Medication Quality and Safety Team (MQST).

a) A restricted heparin product may only be stocked in a patient care area if an exception request has been approved.

3.2 Approved Required Organizational Practice exceptions are located through Insite at the Pharmacy Services, Medication Quality and Safety Team, High-alert Medications web page.

4. Dispensing

4.1 When an approved Required Organizational Practice exception is not in place, restricted heparin products shall be provided on a patient-specific basis when required.

a) It is preferable for Pharmacy to provide heparin products in a dilute ready-to-administer format, whenever possible.
DEFINITIONS

None

REFERENCES

- Alberta Health Services Governance Documents:
  - EMS Provincial Medical Control Protocols: Adult and Pediatric
  - High-alert Medications: Electrolytes Guideline (#PS-46-02)
  - High-alert Medications: Narcotics Guideline (#PS-46-04)
  - Management of High-alert Medications Policy (#PS-46)
  - Management of High-alert Medications Procedure (#PS-46-01)
  - Medication Management Policy (Continuing Care) (#HCS-220)

- Alberta Health Services Forms:
  - Required Organizational Practice (ROP) Exception Request Form

- Non-Alberta Health Services Documents:
  - Medication Management Standards (For Surveys Starting After: January 1, 2019)
    (Accreditation Canada QMentum Program)