1. PURPOSE

1.1 To ensure patient safety and improve drug monitoring.
1.2 To ensure automatic cancellation of all drugs at time of surgery.
1.3 To ensure appropriate use of antibiotics.

2. DEFINITION

2.1 Automatic Stop Orders:
It is a reminder to review patient's medications and assess the need to continue therapy. All patient medications must be reviewed by the prescribing physician due to various reasons. Some of these reasons are: NPO order, surgery, and transfer of a patient into or out of an intensive care setting, at the end of a specific length of therapy. The stop mechanism is to ensure that the review process occurs and stops any or all medications from being dispensed from the pharmacy until the medications have been reordered by the physician.

2.2 Blanket Orders: Abbreviated or unclear orders (e.g. resume pre-op medications, give medication according to protocol).

3. RESPONSIBILITY

3.1 Pharmacist: The Pharmacist will exercise an “Automatic Stop Order” procedure for classes of drugs specified in this policy.

3.2 Most Responsible physician:

3.2.1 Indicate on the Physician’s Order Sheet the day and time of surgery;

3.2.2 Specify that all medications must be put on hold at surgery time.

3.2.3 Write post operative order and send it to the Inpatient Pharmacy with complete written orders (all medications rewritten) whether to continue previous medications or make an order for a new one.

4. CROSS REFERENCES POLICY

4.1 N/A.
5.0 POLICY

5.1 The pharmacy department will carry out standard practice related to the cancellation of non-narcotics, non-controlled, narcotic and controlled medications, antibiotics, anticoagulants. These medications will be automatically discontinued if not renewed.

5.2 All patient medication orders must be reviewed and renewed periodically by physicians as per an approved schedule.

5.3 The pharmacy will facilitate completion of specific medication protocols in which physicians may indicate a direction that exceeds or is shorter than the automatic stop order times by indicating the desired duration

6.0 PROCEDURE

6.1 Automatic Stop Order (ASO):

Medications will be automatically stopped unless renewed with appropriate prescriptions, or specifically ordered for a different period, according to the following approved time tables by P&T Committee.

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Medications</th>
<th>Validity of Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-</td>
<td>All drugs at time of surgery.</td>
<td>12 hours pre-op.</td>
</tr>
<tr>
<td>2-</td>
<td>Antibiotics</td>
<td>7 days from starting date.</td>
</tr>
<tr>
<td>3-</td>
<td>Anticoagulants</td>
<td>1 day</td>
</tr>
<tr>
<td>4-</td>
<td>Narcotic &amp; Controlled drugs (IV)</td>
<td>1 day</td>
</tr>
<tr>
<td>5-</td>
<td>Controlled drugs (P.O.)</td>
<td>7 days</td>
</tr>
<tr>
<td>6-</td>
<td>IV, IM, Continuous IV Infusion &amp; TPN</td>
<td>1 day</td>
</tr>
<tr>
<td>7-</td>
<td>Blood derivatives (e.g. albumin, immunoglobulins, clotting factors)</td>
<td>1 day</td>
</tr>
<tr>
<td>8-</td>
<td>All other drugs</td>
<td>7 days unless shorter time is specified.</td>
</tr>
</tbody>
</table>

6.2 For patients undergoing surgery or transferred from one service to another the following steps must be followed:

6.2.1 The MRP has to indicate on the Physician’s Order Sheet the day and time of surgery; he must specify that all medications must be put on hold on the day of surgery or at least 12 hours pre-operatively. In case a scheduled surgery is cancelled, a physician has to write on the Order Sheet "Surgery was cancelled, resume all previous medications" for that patient.
6.2.2 Once the operating doctor finished surgery, he shall write a post operative order and send it to the inpatient pharmacy (all medications rewritten) whether to continue previous medications or make an order for a new one including antibiotics.

6.2.3 Antibiotics are dispensed for admitted patients for one week only, and automatic stop order shall be exercised by the inpatient pharmacy unless there is a renew order for continuation.

6.2.4 In case the attending physician fails to write a post-operative order, the pharmacist will not dispense any medications to the patient.

6.2.5 The pharmacist in-charge shall notify the charge nurse about ASO and she will remind the attending physician about writing a post-operative order to the Pharmacy.

6.2.6 Medication not reordered shall be discontinued upon receipt of post-operative or transfer orders.

6.3 All medications for renewal must be ordered by drug name, dose, and frequency.

6.4 Prescribing of controlled drugs is according to laws and regulations of MOH and the Saudi Food and Drug Authority.

6.5 It is not acceptable for physicians to write the following terms in the renewal order (Blanket orders):

   6.5.1 Renew pre-operative medications.
   6.5.2 Continue same medications as before.
   6.5.3 Renew all previous medications.

6.6 All oral medications will be placed on hold for any physician’s order indicating “N.P.O.” for a patient.

6.7 All medications placed on HOLD are valid for 24 hours. At the end of the 24 hours, the medication on hold must be reordered by the physician or it will be discontinued.

6.8 Orders for Anticoagulants (e.g. I.V. heparins, warfarin) should be made on daily basis.

6.9 Orders for Continuous Intravenous Drips (e.g. dopamine, dobutamine, KCL, NTG, fentanyl, midazolam, TPN, etc.) should be made on daily basis.

6.10 Orders for I.V., I.M. medications should be made on daily basis.

6.11 All medication orders for transfer patients are cancelled when a patient is transferred to or from a critical care unit. All medications must be reordered to continue therapy.

6.12 The transcription of medication order into the medication administration record (MAR) clearly reflects the type of order.

7.0 FORMS

   7.1 Physician’s Order Sheet.

8.0 EQUIPMENT

   8.1 N/A.

9.0 REFERENCES

   9.1 CBAHI resource manual.