

QTP4P0X1-2
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PHARMACY TECHNICIAN

Maintain crash carts or emergency administration sets



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INTRODUCTION

1. This Qualification Training Package (QTP) was developed to enhance and standardize on-the-job training for 4P0X1 personnel. As a trainer, the QTPs provide teachable elements of task breakdowns. The teachable elements will assist in guiding the trainee towards **independent** task performance, **proficiency**, and serve as an **evaluation** tool for task certifiers/certification officials.
2. Review each volume(s) of the Career Development Course (CDC) and identify which module(s) of QTPs are needed for the trainee's job position or upgrade skill-level training. The QTP training for each module should be accomplished in the order which most closely mirrors the area the trainee is working in. Items in column 2 of the Pharmacy Career Field Education and Training Plan (CFETP) marked with a 5 or 7 are the core tasks for the 4P career field. Additional proficiency training may be required for these tasks at the supervisor's discretion.
3. Ensure the trainee reviews the training references in each module prior to attempting any task or QTP evaluation. Review the performance checklist and training objective with the trainee. If the trainee has questions about the objective, clarify the desired outcome/results of performance, demonstration or completion for the task. Remember the objective of each QTP is to standardize training and allow sufficient time for the trainee to learn each task thoroughly in order to perform the task **independently**.
4. When the trainee has received sufficient training and is ready to be evaluated on the objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully demonstrates and accomplishes the objective, document task completion appropriately in the member's 6-part training/competency folder.
5. The QTP task completion is to be annotated on an AF Form 1098 *Special Task Certification and Recurring Training*, filed in part 3, section A of the 6-part training/competency folder. **NOTE:** The individual check lists and final evaluations are **not** filed in each member's 6-part training/competency folder. A master checklist is filed in part 3, section A of the Master Training Plan (MTP) folder.
6. If the trainee does not accomplish the objective, review the areas needing remediation. Conduct feedback for each module with the trainee, and document appropriately in the member's 6-part training/competency folder. As the trainer, once you are satisfied the trainee is ready to perform the task, he/she will be re-evaluated until the objective is met.
7. If a task being trained requires third party certification by a task certifier/certifying official, the trainer ensures trainee is qualified to perform the task **independently**. The trainee will then be evaluated by certifier/certifying official. Tasks requiring third party certification are identified in column 2 of CFETP with a number sign (#). The third party certifier will ensure documentation in column 3E of the CFETP) and finally documented appropriately in the members' 6-part training/competency folder.

8. The QTPs are a necessary tool for standardizing task qualifications for upgrade training or job position training. Such standardization benefits the CFETP training concept throughout a member's career. These documents also may be used in assessing/certifying pharmacy technicians upon arrival at a new duty station.

9. Feedback is a vital and important part of improving our educational process for pharmacy technicians. Your first hand expertise is valued and feedback highly encouraged ensuring we have the most up-to-date information and training possible. Please direct all inquiries to: your immediate supervisor.

SUBJECT AREA: Inpatient Pharmacy or Support Pharmacy

TASK NAME(S): Maintain Crash Carts

CFETP/STS REFERENCE(S): 6.3.8; 6.3.8.1

EQUIPMENT REQUIRED:

1. Crash Cart Tray
2. Neonatal/Universal Code Blue Control Log
3. Security Bag
4. Medications

TRAINING REFERENCE(S): JCAHO Standard MM 2.30
AFI 44-102, Medical Care Management
AFI 44-108, Infection Control

REMARKS/NOTES: None

OBJECTIVE:

1. Build and track code tray.
2. Inspect code cart.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instructions, allow sufficient practice on each part of the task.
2. Use the performance checklist to ensure all steps of the task are accomplished without assistance and without error.
3. Document task competency upon completion of the evaluation in the trainee's 6-part training/competency folder. Initial evaluation should be documented in the CFETP.

STEPS IN TASK PERFORMANCE:

1. Building a Code Tray

- 1.1. Choose a new Pediatric/Universal code blue control log (see attachments).
- 1.2. Start with a tray that has been returned to the pharmacy.
- 1.3. Refer to new control log and check expiration dates and quantities; replenish as necessary and sign when finished.

1.4. Tray is then verified against what is written on new control log for accuracy by checker and signed once it is correctly filled.

1.5. Seal up entire tray with a security bag with the perforated tear on the top.

1.6. Once tray has been sealed with security bag put in storage area for dispensing.

2. Tracking a Code Tray

2.1. Check code tray book prior to performing inspection to verify which tray, lock number and expiration date the department should have on the ward/clinic. Annotate the tray number, lock number, and expiration date on monthly inspection checklist (see attachment).

2.2. If the tray is expired or will expire before the next scheduled inspection replace the tray. If the tray is replaced annotate the form with the new tray and lock numbers along with expiration date. Be sure upon returning to pharmacy that you update the new information on that particular ward/clinic's code tray master tracking sheet.

3. Inspecting a Code Cart

3.1. Ensure code tray on ward/clinic coincide with item 2.1. If not write down on inspection checklist (item 1) the number tray, expiration date, and/or lock number found. Be sure upon returning to pharmacy that you update the correct information of tray, expiration date, and lock number found on specific ward/clinic code tray master tracking sheet (see attachment).

3.2. Open each drawer of the code cart, checking for expired pharmaceuticals, i.e. Cetacaine spray, Lidocaine jelly 2%, and IV fluids. Check any dated items for expiration and if it belongs in drawer at all.

3.3. Expired pharmaceuticals are taken back to the pharmacy and replaced with unexpired stock before inspection is completed. Make a note of expired items, go to pharmacy and retrieve them and then remove expired items from cart. Do not take medications/trays back to pharmacy without a replacement being added (in case there is a code while you are updating cart). IV fluids are replaced and all outdated items are returned to pharmacy for destruction. Annotate on inspection checklist number 8 that the "Standard was Not Met". Under the remarks section itemize the pharmaceuticals that were expired, expiration date, and their quantities. Annotate that the items were replaced if applicable.

ATTACHMENT(S):

1. Example Adult/Pediatric Trays
2. Example Tracking Sheet
3. Adult Universal Code Blue Control Log
4. Pediatric Code Blue Control Log
5. Ward/Clinic Medication Inspection Checklist

PERFORMANCE CHECKLIST:**MAINTAIN CRASH CARTS OR EMERGENCY ADMINISTRATION SETS**

| PERFORMANCE ITEMS | SAT | UNSAT |
|--|------------|--------------|
| BUILD CODE TRAY | | |
| 1. Obtain Code Blue Control Log | | |
| 2. Retrieve Tray | | |
| 3. Replenish tray (quantities, check exp dates, lot #) | | |
| 4. Have qualified individual double check | | |
| 5. Seal with Security Bag | | |
| 6. Store/Deliver | | |
| TRACK CODE TRAY | | |
| 1. Check Code tray book/log | | |
| 2. Annotate tray #, lock #, exp date | | |
| 3. Replace tray if required | | |
| 4. Update Master Tracking Sheet | | |
| INSPECT CODE CART | | |
| 1. Check Code tray book/log | | |
| 2. Annotate tray #, lock #, exp date | | |
| 3. Open each drawer/verify expiration dates | | |
| 4. Return/replace expired meds | | |
| 5. Annotate inspection checklist appropriately | | |
| | | |
| FINAL RESULTS: | | |
| Trainee: | | |
| Trainer: | | |
| Certifier: | | |
| Date: | | |

FEEDBACK: Using the performance checklist as a review reference, discuss the trainee's performance, indicating strengths, weaknesses, suggested improvement, etc. If the trainee performed all tasks satisfactorily, document appropriately in the trainee's 6-part training/competency folder.

Example: Adult Tray



Example: Pediatric Tray



Location:

[illegible]

Crash Cart Listing
ADULT CODE KIT - (LOCATION)

| MEDICATION | QUANTITY | LOT# | EXPIRATION DATE |
|---|----------|------|-----------------|
| ADENOSINE 3MG/ML 2ML SYRNGE | | | |
| AMIODARONE 50MG/ML 18ML VIAL | | | |
| AMIODARONE 50MG/ML 3ML VIAL | | | |
| ATROPINE SULFATE 0.1MG/ML 10ML SYR | | | |
| BENZOCAINE 20% ANESTHETIC TOPICAL SPRAY | | | |
| CALCIUM CHLORIDE 100MG/ML (10%) 10ML SYR | | | |
| DEXTROSE 0.5GM/ML (50%) 50ML SYR | | | |
| DIGOXIN 0.25MG/ML 2ML AMP | | | |
| DIPHENHYDROMINE 50MG/ML 1ML | | | |
| DOBUTAMINE 12.5MG/ML 20ML | | | |
| DOPAMINE 40MG/ML 5ML | | | |
| EPINEPHRINE 1:10,000 (0.1MG/ML) 10ML SYR 3.5" N | | | |
| EPINEPHRINE 1:1000 1MG/ML 1 ML | | | |
| ETOMIDATE 2MG/ML 20ML | | | |
| FUROSEMIDE 10MG/ML 10ML | | | |
| LIDOCAINE 20MG/ML (2%) 5ML SYR | | | |
| LIDOCAINE 4MG/ML 500ML | | | |
| MAGNESIUM SULFATE 500MG/ML 20ML | | | |
| NALOXONE 0.4MG/ML 1ML | | | |
| NITROGLYCERINE 200MCG/ML 250ML BOTTLE | | | |
| NOREPINEPHRINE 1MG/ML 4ML | | | |
| PROCAINAMIDE 100MG/ML 10ML VIAL | | | |
| PROPRANOLOL 1MG/ML 1ML AMP | | | |
| SODIUM BICARBONATE 0.5MEQ/ML (4.2%) 10ML SYR | | | |
| SODIUM BICARBONATE 8.4% SYR | | | |
| SODIUM NITROPRUSSIDE 25MG/ML 2ML | | | |
| VASOPRESSIN 20UNITS/ML 1ML | | | |
| VERAPAMIL 2.5MG/ML 2ML AMP | | | |

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PHARMACIST

DATE

**Crash Cart Listing
PEDIATRIC CODE KIT - (LOCATION)**

| MEDICATION | QUANTITY | LOT# | EXPIRATION DATE |
|---|----------|------|-----------------|
| ADENOSINE 3MG/ML 2ML SYRNGE | | | |
| AMIODARONE 50MG/ML 3ML | | | |
| ATROPINE SULFATE 0.1MG/ML 10ML SYR | | | |
| CALCIUM CHLORIDE 100MG/ML (10%) 10ML SYR | | | |
| DEXTROSE 25% (250MG) 10ML SYR | | | |
| DOBUTAMINE 12.5MG/ML 20ML | | | |
| DOPAMINE 40MG/ML 5ML | | | |
| EPINEPHRINE 1:10,000 (0.1MG/ML) 10ML SYR 3.5" N | | | |
| EPINEPHRINE 1:1000 1MG/ML 1 ML | | | |
| HYDROCORTISONE 100MG | | | |
| LIDOCAINE 20MG/ML (2%) 5ML SYR | | | |
| NALOXONE 0.4MG/ML 1ML | | | |
| SODIUM BICARBONATE 0.5MEQ/ML (4.2%) 10ML SYR | | | |
| SODIUM BICARBONATE 8.4% SYR | | | |
| SODIUM CHLORIDE 0.9% INJ PF 10ML | | | |
| STERILE WATER FOR INJ 10ML AMP | | | |

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| WARD/CLINIC INSPECTION CHECKLIST | | PAGE 1 OF 2 PAGES | | |
|---|--|-------------------|------|-----|
| TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA | | OPR | DATE | |
| Pharmacy Monthly Ward and Clinic Drug Storage Area Inspection Checklist | | SGSP | | |
| NO. | ITEM (Assign a paragraph number to each item) | S | U | N/A |
| 1. UNIFORMITY OF CONTAINERS/LABELING: | | | | |
| A. Are uniform containers used for all stock items? | | | | |
| B. Are all medication containers properly labeled with current pharmacy/facility information, name of medication, strength of drug, quantity, etc.? (Replace noncompliant containers) | | | | |
| C. Are appropriate ancillary, cautionary, or warning labels attached to each container? | | | | |
| 2. SECURITY: | | | | |
| A. Is the medication storage area properly secured? | | | | |
| B. Are all controlled substances properly secured in a locked cabinet? | | | | |
| 3. REFRIGERATION AND STORAGE CONDITIONS: | | | | |
| A. Are all items requiring refrigeration properly stored in a refrigerator? | | | | |
| B. Is the temperature maintained within acceptable guidelines (2-8° C/36-46° F)? | | | | |
| C. Is the temperature recorded on AF Form 638, Refrigeration Unit Standard Temperature Chart? | | | | |
| 4. COMPLIANCE WITH AUTHORIZED STOCK LIST (ASL): Are only approved ASL and quantity drugs stored in the medication area? | | | | |
| 5. DETERIORATED OR OUTDATED DRUGS: | | | | |
| A. Are all drugs within expiration dating? (List all expired drugs on reverse side and return to pharmacy. Unit should reorder expired medications on DD Form 1150 or their ASL) | | | | |
| 6. SEPARATION OF INTERNAL AND EXTERNAL MEDICATIONS: | | | | |
| A. Are internal medications stored separately from external preparations? | | | | |
| B. Are external products properly labeled "FOR EXTERNAL OR TOPICAL USE"? | | | | |
| 7. INPATIENT MEDICATION LEVELS (I.E DISCHARGED PATIENTS): Are there leftover medications from discharged patients? | | | | |
| 8. LOT NUMBERS ON STOCK BOTTLES AND/OR PREPACKAGED DRUGS: | | | | |
| A. Are lot or batch numbers clearly visible on all manufacturer stock drug containers? | | | | |
| B. Are manufacturer lot or batch numbers or pharmacy assigned lot numbers clearly visible on prepackaged or repackaged containers? | | | | |
| 9. CLEANLINESS OF DRUG AND BIOLOGICAL STORAGE AREAS: Are drug storage areas maintained in a neat, clean manner? | | | | |
| 10. ROTATION OF DRUG STOCK: Are products with the earliest expiration dates stored in front of those with longer expiration dates? | | | | |
| 11. DID YOU PROVIDE THE CHARGE NURSE/NCOIC A COPY OF THE INSPECTION FORM? | | | | |
| 12. Were Crash Cart Medication expiration dates checked? | | | | |
| Initial Lock number _____ New Lock number _____ | | | | |
| I certify that all areas of known drug storage have been disclosed to the inspector and discrepancies discussed with the inspector. | | | | |
| CHARGE NURSE/NCOIC: (PRINTED NAME, & RANK) _____ | | | | |
| CHARGE NURSE/NCOIC (SIGNATURE): _____ | | | | |
| LOCATION: _____ CONDUCTED BY (print name) _____ | | | | |
| CONDUCTED BY: (sign): _____ | | | | |
| PHARMACY REVIEW BY: _____ DATE: _____ | | | | |

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