

EXHIBIT 12

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: MEDICATION ADMINISTRATION AND SELF-ADMINISTRATION GUIDELINES

7. Multi-dose vials must be labeled with an expiration date when the vial is opened. The expiration date should be 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Discard by expiration date. Discard immediately if contaminated.
8. Any medication that is prepared and not immediately administered to the patient must be labeled with drug name, dose, date, time, and initials of staff. Any injectable medication not used within one hour must be wasted and documented in Pyxis.
9. The physician must be notified when a routine medication is held or refused by patient when no physician parameters are ordered. Document reasons that medications are held or refused by the patient.
10. When an infusion pump is utilized for delivery of medication, the pump library must be accessed for the accurate administration.
11. The start and stop time of continuous and intermittent infusions must be documented.
12. Medications are locked and/or placed in a secured environment.
13. Medications are self-administered by patients only upon ordered authorization of the physician.
14. Self-administered medications are provided to the patient by the nurse at appropriate and/or designated times.
15. Medications are not left at the bedside unless otherwise ordered by the physician.
16. The nurse monitors and documents all doses of medications that have been self-administered.
17. The nurse educates patient and families involved in self-administration of medication about medication name, type of medication, reason for use; how to administer medication including process, time, frequency, route, and dose; and anticipated actions and potential side effects.
18. The nurse monitors the effects of the medication administered.
19. Patients requiring immediate medical attention because of adverse reaction are seen by a physician.
20. All adverse medication reactions and medication errors are reported to the appropriate physician and the Pharmacy in accordance with the administrative policy/procedure "Incident or Occurrence Reporting".
21. The IV guidelines should be utilized for questions regarding method of infusion (continuous, intermittent, IV push), usual dosing, special instructions (ex. Dilution requirements, infusion times) and adverse reactions.
22. Sometimes particular patient conditions warrant giving medications outside of the IV guideline specifications (i.e. obesity, pain control in tolerant patients, palliative care). If an order is written outside of the IV guidelines, it is acceptable to administer providing that a reference is available supporting its use (i.e. Clinical Pharmacology, Lexicomp, Up-to-date, primary literature). If a reference cannot be located or provided by the prescriber, the RN may not give it unless special approval is received from the Chair or Co-Chair of the Pharmacy & Therapeutics Committee, and an order is required.
23. Gloves should be worn for all injections: intradermal, subcutaneous, and intramuscular.
24. Patients who are NPO for procedures or tests shall only receive medications if ordered by the physician.