Ellimating Problem-Prone, Automatic Stop-Order Policies

Matthew Grissinger, RPh, FASCP

PROBLEM: Even though automatic stop-order policies can help safeguard patients against unnecessary and prolonged drug therapy, they can also inadvertently add to the risk for drug-related problems. This situation has become more visible as hospitals have implemented electronic systems with computerized Medication Administration Records (MARs).

For example, automatic stop orders often lack specificity and do not sufficiently consider “exceptions to the rule” for designated drugs and indications, such as the use of warfarin (Coumadin®, Bristol-Myers Squibb) for atrial fibrillation, enoxaparin (Lovenox®, Aventis) before surgery, and phenobarbital for epilepsy. Problems can result if the orders for these drugs are governed by automatic stop-order policies and if they are discontinued by the computer system without warning. Pharmacies should also have a safety system to ensure that antibiotic doses that are needed beyond their automatic stop date are not prematurely discontinued.

One pharmacist explained the value of such a system. The pharmacy computer provides a daily report of all antibiotics that are about to be discontinued. A pharmacist then reviews each patient’s chart to ensure that discontinuation is appropriate.

This effort paid off. An order for intravenous nafcillin was scheduled to expire that day, but a pharmacist noticed that the physician had written “will continue antibiotics” in the progress notes; the physician had just forgotten to renew the order. While investigating further, the pharmacist read an infectious-disease consultant’s report and learned that the patient had endocarditis and needed nafcillin therapy for four weeks. If it had not been for this “safety net,” the drug would have probably been stopped without notice, and the outcome might have been serious.

Similar cases have been reported since this follow-up system was initiated. As this case illustrates, it is important to establish a system of follow-up and proper prescriber notification before discontinuing medications.

SAFE PRACTICE RECOMMENDATION: Years ago, automatic stop orders played an important role, but with today’s shorter hospital stays for patients and the expanding role of clinical pharmacists, adjustments are clearly needed. Here are some suggestions:

- After the applicable state regulations are reviewed, the listed drugs that are currently governed by automatic stop policies should be evaluated to determine whether continuing to enforce the policy is valid. It might be possible for the list to be reduced considerably. One hospital concluded that such a policy was necessary for only four drugs:
  - ketorolac tromethamine (Toradol®, Roche) to prevent GI bleeding.
  - meperidine to prevent accumulation of the metabolite normeperidine.
  - paralytic agents when patients are weaned from ventilators.
  - antibiotics (for seven days).
- Exceptions such as these should be identified and excluded from the policy. In addition, prescribers should be encouraged to include the drug’s indication and duration for medications governed by automatic stop orders to prevent unintended discontinuation of the drug. Computerized systems make policy exceptions a realistic option.
- When possible, the duration of drug therapy in diagnosis-specific protocols or standardized orders should be incorporated.
- Each day, clinical pharmacists should review the patient’s drug therapy and take a leading role in contacting prescribers, when necessary, to confirm the continuation or the discontinuation of an order. It would be helpful to have clinical pharmacists on hand who have hospital-endorse authority to extend or remove automatic stop dates for specified drugs and indications.
- Computer systems (and MARs) should be configured in such a way that drugs are not automatically discontinued without notice.
- Prescribers can help prevent problems by including the drug’s indication and duration for medications that are governed by automatic stop orders.
- The systems that are in place for notifying prescribers about automatic stop orders, the timing of the notification, and the process for review should be examined.

A daily drug summary from the pharmacy computer system should be printed out; the current drug should be listed first and the discontinued medications listed below that. The summary should be placed in the patient’s medical record along with the most recent progress notes. In this way, as prescribers and nurses review the medical record, unintended discontinuations or continuations of drugs have a better chance of being promptly recognized and corrected.

- Patients should be made aware of the need for continuous therapy and should be encouraged to ask questions when a drug is suddenly stopped.

The reports described in this column were received through the USP–ISMP Medication Errors Reporting Program (MERP). Errors, close calls, or hazardous conditions may be reported on the ISMP (www.ismp.org) or the USP (www.usp.org) Web site or communicated directly to ISMP by calling 1-800-FAIL SAFE or via e-mail at ismpinfo@ismp.org.