



**VIRTUAL/TELECONFERENCE
PHARMACY EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, Madison, WI
Contact: Christine Poleski (608) 266-2112
October 22, 2020

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

11:00 A.M. (OR IMMEDIATELY FOLLOWING THE PHARMACY RULES COMMITTEE)

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of September 24, 2020 (5-9)**
- C. Conflicts of Interest
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
 - 1) Department, Staff and Board Updates
 - 2) Board Members – Term Expiration Dates
- F. Legislative and Policy Matters – Discussion and Consideration
- G. COVID-19 – Discussion and Consideration**
 - 1) Emergency Order #2 (10-15)
- H. Administrative Rule Matters – Discussion and Consideration**
 - 1) Phar 5, 6, 7, 11, and 12, Relating to Name and Address Change, Floor Design, Procedures for Disciplinary Proceedings, Superseded References and Technical Correction (16-18)
 - 2) Pending or Possible Rulemaking Projects
- I. Pharmacy Patient Consultation Sign – Discussion and Consideration (19)**
 - 1) Board Approved Sign/Information (20-21)
 - 2) Advocate Aurora Health’s Request for Approval of Sign and Label (22-25)
- J. Variances – Discussion and Consideration**
 - 1) Review, Discussion and Consideration of All Current Variances

- 2) Review, Discussion and Consideration of Any Proposed Variances
 - a. Pharmacy Society of Wisconsin Variance Request
 - b. Milwaukee Alternate Care Facility Request **(26-152)**
 - c. Variance Requests Received After Preparation of the Agenda

K. Pilot Program Matters – Discussion and Consideration

L. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration

- 1) Report from the Virtual National Association of Boards of Pharmacy (NABP)- American College of Clinical Pharmacy (ACCP) District IV Annual Meeting on October 8, 2020 – Cathy Winters and Tiffany O’Hagan

M. Discussion and Consideration on Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Nominations, Elections, and Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates
- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Policy Matters
- 11) Administrative Rule Matters
- 12) Pilot Program Matters
- 13) Variances
- 14) Liaison Reports
- 15) Board Liaison Training and Appointment of Mentors
- 16) Informational Items
- 17) Division of Legal Services and Compliance (DLSC) Matters
- 18) Presentations of Petitions for Summary Suspension
- 19) Petitions for Designation of Hearing Examiner
- 20) Presentation of Stipulations, Final Decisions and Orders
- 21) Presentation of Proposed Final Decisions and Orders
- 22) Presentation of Interim Orders
- 23) Pilot Program Matters
- 24) Petitions for Re-Hearing
- 25) Petitions for Assessments
- 26) Petitions to Vacate Orders
- 27) Requests for Disciplinary Proceeding Presentations
- 28) Motions
- 29) Petitions
- 30) Appearances from Requests Received or Renewed
- 31) Speaking Engagements, Travel, or Public Relation Requests, and Reports

N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b),

and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

O. Deliberation on Division of Legal Services and Compliance Matters

1) Administrative Warnings

a. 18 PHM 087 – C.K.Z. **(153-154)**

2) Case Closings

a. 18 PHM 087 – C. **(155-158)**

b. 19 PHM 234 – R.S.D.S. **(159-162)**

c. 19 PHM 235 – R.A. **(163-166)**

d. 19 PHM 245 – L.H.P. **(167-170)**

e. 19 PHM 255 – A.P. **(171-174)**

f. 19 PHM 263 – A.H.F.P. **(175-178)**

g. 19 PHM 269 – A.S.P. **(179-183)**

h. 20 PHM 060 – W.P.M. **(184-190)**

i. 20 PHM 091 – W., M.N.S. **(191-197)**

3) Stipulations and Final Decisions and Orders

a. 17 PHM 152 – Wells Pharmacy Network, LLC **(198-203)**

b. 18 PHM 087 – Richard D. Moe, R.Ph. **(204-210)**

c. 18 PHM 170 – Cynthia R. Hennen, R.Ph. **(211-217)**

d. 20 PHM 115 – Kelly L. Fausek, R.Ph. **(218-224)**

P. Deliberation of Items Added After Preparation of the Agenda

1) Education and Examination Matters

2) Credentialing Matters

3) Application Reviews

4) DLSC Matters

5) Monitoring Matters

6) Professional Assistance Procedure (PAP) Matters

7) Petitions for Summary Suspensions

8) Petitions for Designation of Hearing Examiner

9) Proposed Stipulations, Final Decisions and Orders

10) Proposed Interim Orders

11) Administrative Warnings

12) Review of Administrative Warnings

13) Proposed Final Decisions and Orders

14) Matters Relating to Costs/Orders Fixing Costs

15) Case Closings

16) Board Liaison Training

17) Petitions for Assessments and Evaluations

18) Petitions to Vacate Orders

19) Remedial Education Cases

20) Motions

21) Petitions for Re-Hearing

22) Appearances from Requests Received or Renewed

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

R. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

S. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEETING: DECEMBER 3, 2020

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
PHARMACY EXAMINING BOARD
MEETING MINUTES
SEPTEMBER 24, 2020**

PRESENT: Tiffany O’Hagan (*excused at 5:00 p.m.*), Anthony Peterangelo (*excused at 3:42 p.m.*), Philip Trapskin, John Weitekamp, Cathy Winters, Michael Walsh

EXCUSED: Shana Weiss

STAFF: Christine Poleski, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Advanced; Megan Glaeser, Bureau Assistant; Daniel Betekhtin, Bureau Assistant; and other Department staff

CALL TO ORDER

Philip Trapskin, Chairperson, called the meeting to order at 11:07 a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF AGENDA

MOTION: Michael Walsh moved, seconded by Cathy Winters, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Cathy Winters moved, seconded by Michael Walsh, to adopt the Minutes of July 23, 2020 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Anthony Peterangelo, Tiffany O’Hagan, John Weitekamp
Monitoring Liaison(s)	Cathy Winters <i>Alternate:</i> Philip Trapskin
Professional Assistance Procedure (PAP) Liaison(s)	Philip Trapskin <i>Alternate:</i> Anthony Peterangelo
Legislative Liaison(s)	Cathy Winters, Philip Trapskin, Tiffany O’Hagan, John Weitekamp
PHARM Rep to SCAODA	Anthony Peterangelo <i>Alternate:</i> John Weitekamp

SCREENING PANEL APPOINTMENTS	
January – December	John Weitekamp, Tiffany O’Hagan, Michael Walsh <i>Alternate: Cathy Winters</i>

ADMINISTRATIVE RULE MATTERS

MOTION: Michael Walsh moved, seconded by Tiffany O’Hagan, to request DSPS staff draft a Scope Statement for Phar 2, relating to endorsement licensure. Motion carried unanimously.

MOTION: John Weitekamp moved, seconded by Anthony Peterangelo, to authorize the Chairperson to approve the Scope Statement revising Phar 2, relating to endorsement licensure, for submission to the Department of Administration and Governor’s Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

MOTION: Tiffany O’Hagan moved, seconded by Michael Walsh, to authorize the Chairperson to approve the Scope Statement revising Phar 15, relating to re-use of personal protective equipment, for submission to the Department of Administration and Governor’s Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

PHARMACY PATIENT CONSULTATION SIGNS

MOTION: John Weitekamp moved, seconded by Michael Walsh, to designate Tiffany O’Hagan to work with Department Staff in drafting a pharmacy patient consultation sign and to bring any drafts back for review at the next meeting. Motion carried unanimously.

VARIANCES

LIAISON APPOINTMENTS	
Variance Liaison	Tiffany O’Hagan <i>Alternate: Cathy Winters</i>

MOTION: Tiffany O’Hagan moved, seconded by Anthony Peterangelo, to delegate to the Variance Liaison the board’s authority to approve, rescind, and modify variances under §450.02(3m). Motion carried unanimously.

**SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC
RELATION REQUESTS, AND REPORTS**

**Consider Attendance at the Virtual National Association of Boards of Pharmacy
(NABP)-American College of Clinical Pharmacy (ACCP) District IV Annual
Meeting on October 8, 2020**

MOTION: John Weitekamp moved, seconded by Michael Walsh, to designate Cathy Winters and Tiffany O’Hagan to attend the Virtual National Association of Boards of Pharmacy-American College of Clinical Pharmacy District IV Annual Meeting on October 8, 2020 and to authorize attendance. Motion carried unanimously.

CLOSED SESSION

MOTION: Cathy Winters moved, seconded by Michael Walsh, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Philip Trapskin, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Tiffany O’Hagan-yes, Anthony Peterangelo-yes; Philip Trapskin-yes; Michael Walsh-yes; John Weitekamp-yes; and Cathy Winters-yes. Motion carried unanimously.

The Board convened into Closed Session at 3:42 p.m.

(Anthony Peterangelo was excused at 3:52 p.m.)

**DELIBERATION ON DIVISION OF LEGAL SERVICES AND
COMPLIANCE MATTERS**

Administrative Warnings

MOTION: Cathy Winters moved, seconded by Michael Walsh, to issue an Administrative Warning in the matter of the following cases.

1. 18 PHM 167 – S.J.G.
2. 18 PHM 167 – S.W.K.
3. 19 PHM 074 – C.L.T.

Motion carried unanimously.

Case Closings

- MOTION:** Cathy Winters moved, seconded by John Weitekamp, to close the following DLSC Cases for the reasons outlined below:
1. 18 PHM 059 – W. & A.N. – Insufficient Evidence
 2. 18 PHM 167 – W. – No Violation
- Motion carried.

(Tiffany O’Hagan recused herself and disconnected for deliberation and voting in the matters concerning W. & A.N., DLSC Case Number 18 PHM 059, and W., DLSC Case Number 18 PHM 167.)

- MOTION:** Cathy Winters moved, seconded by Michael Walsh, to close the following DLSC Cases for the reasons outlined below:
1. 18 PHM 195 – C. – No Violation
 2. 19 PHM 016 – A.A.T. – Prosecutorial Discretion (P5)
 3. 19 PHM 030 – P.N.S.P. – No Violation
 4. 19 PHM 074 – C. & R.F.L. – No Violation
 5. 19 PHM 139 – C. – No Violation
 6. 19 PHM 291 – C. – No Violation
 7. 20 PHM 012 – H.P. – Prosecutorial Discretion (P2)
 8. 20 PHM 013 – L.C.P. – Prosecutorial Discretion (P2)
 9. 20 PHM 015 – P.I. – Prosecutorial Discretion (P2)
 10. 20 PHM 016 – R.A.P. – Prosecutorial Discretion (P2)
 11. 20 PHM 058 – O.C.P. – No Violation
 12. 20 PHM 063 – S.Y.R., B.H.P.L., & B.P.P. – No Violation
 13. 20 PHM 083 – A.H.G. – No Violation
- Motion carried unanimously.

Stipulations, Final Decisions and Orders

- MOTION:** Cathy Winters moved, seconded by Michael Walsh, to adopt the Findings of Fact, Conclusions of Law, and Orders in the matter of the following cases.
1. 18 PHM 192 – Ryan J. Nelson, R.Ph.
 2. 18 PHM 195 – Paul D. Ford, R.Ph.
 3. 19 PHM 035 – Kevin O’Brien, R.Ph.
 4. 19 PHM 139 – Chelsea L. Wilson, R.Ph.
 5. 19 PHM 139 – Stacey L. McDonald, R.Ph.
 6. 19 PHM 161, 19 PHM 273, & 19 PHM 276 – Huevepharma, Inc.
- Motion carried unanimously.

20 PHM 115 – Kelly Fausek, R.Ph.

- MOTION:** Cathy Winters moved, seconded by Michael Walsh, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kelly Fausek, R.Ph., DLSC Case Number 20 PHM 115 and refer to DLSC for further action. Motion carried unanimously.

Monitoring Matters

**Kathryn Lindemann, R.Ph.
Requesting Review of Draft of Order Reinstating Stay of Suspension and Imposing
Limitations**

MOTION: Cathy Winters moved, seconded by Michael Walsh, to approve the draft Order reinstating a stay of suspension in the matter concerning Kathryn Lindemann, R.Ph., and imposing limitations as drafted. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Cathy Winters moved, seconded by John Weitekamp, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 4:59 p.m.

(Tiffany O'Hagan was excused at 5:00 p.m.)

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Cathy Winters moved, seconded by Michael Walsh, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

MOTION: Cathy Winters moved, seconded by Michael Walsh, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 5:02 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kimberly Wood, Program Assistant Program-Adv. on behalf of Christine Poleski		2) Date when request submitted: 10/14/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board											
4) Meeting Date: 10/22/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? COVID-19 – Discussion and Consideration 1) Emergency Order 2									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: Discuss matters occurring as a result of COVID-19 and receive an update regarding Emergency Order 2.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"><i>Kimberly Wood</i></td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;"><i>10/14/2020</i></td> </tr> <tr> <td style="font-size: small;">Signature of person making this request</td> <td style="text-align: right; font-size: small;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				<i>Kimberly Wood</i>	<i>10/14/2020</i>	Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
<i>Kimberly Wood</i>	<i>10/14/2020</i>										
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

State of Wisconsin

Governor Tony Evers

Office of the Governor
PO Box 7863
Madison, WI 53707
(608)-266-1212
Evers.wi.gov



Secretary-designee Andrea Palm

Department of Health Services
PO Box 7850
Madison, WI 53707
(608)-266-9622
DHS.wi.gov

Emergency Order #2

Order to Aid our Healthcare Facilities to Provide Treatment to Wisconsinites Impacted by COVID-19

SARS-CoV-2 is a deadly respiratory virus. The immediate and long-term health impacts are still being identified by victims and medical experts. COVID-19, the disease that is caused by SARS-CoV-2, is widespread in Wisconsin.

Make no mistake – COVID-19 is not the flu. During the 2019-2020 flu season, there were 36,175 cases of influenza in Wisconsin, which led to 4,425 flu-related hospitalizations, and 183 deaths. Approximately 0.1% of people infected with seasonal influenza die. COVID-19, the disease that is caused by SARS-CoV-2, has been far more prolific and deadly. Since the start of this pandemic less than 10 months ago, Wisconsin has seen 122,747 confirmed COVID-19 cases, 7,300 COVID-19 related hospitalizations, and 683 COVID-19 related deaths. The fall and winter months – which bring more severe respiratory illnesses – are expected to cause a rise in COVID-19 cases and deaths.

As we head into these colder months, hospital capacity in this state is already increasingly strained in certain areas. The State of Wisconsin is divided into seven healthcare emergency readiness coalition regions (HERC regions), which coordinate how public health, healthcare institutions, and first responder agencies respond to health emergencies and catastrophic events. Today, every HERC region in the state has a high disease activity level.

The following data describes the current situation in three of the HERC regions of the state—all experiencing surges:

- North Central has tripled the number of patients with COVID-19 in the past two weeks with 94 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 4 of 17 hospitals reporting critical staffing shortages;
- North East has increased the number of patients with COVID-19 by 2.5 times with 113 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 3 of 10 hospitals reporting critical staffing shortages; and
- Fox Valley has doubled the number of patients with COVID-19 in the past two weeks with 112 total patients with COVID-19 currently hospitalized and 38 of those patients in the Intensive Care Unit; 3 of 13 hospitals reporting critical staffing shortages.

In the remaining four HERC regions, the number of patients with COVID-19 has also begun to rise in the past week and these regions are likewise experiencing critical staffing shortages—largely due to staff members experiencing infection or exposure to COVID-19.

Because of the increasing magnitude of the COVID-19 pandemic in Wisconsin, there may soon be too little space and too few healthcare professionals to treat everyone who needs medical care.

Healthcare capacity will increasingly be strained as long as the virus spreads. Even before COVID-19, more than half of Wisconsin counties had a shortage of physicians, and many other types of healthcare workers were in short supply. Now, as our efforts against the COVID-19 pandemic strains our healthcare systems, we must swiftly act to do all that we can to make sure those systems are able to provide medical aid. This means welcoming the help of as many skilled healthcare providers as possible and working to establish an agile workforce.

As such, I, Tony Evers, Governor of the State of Wisconsin, and I, Andrea Palm, Secretary-designee of the Department of Health Services, by the authority vested in us by the Constitution and laws of this State, including but not limited to Article I, Section I of the Wisconsin Constitution, Section 252.02(2) of the Wisconsin Statutes, and Section 15.001(2) of the Wisconsin Statutes, direct the following:

I. Increasing our credentialed workforce

1. Definitions

For purposes of this Order, the following definitions control:

“Healthcare provider” has the meaning given in Wis. Stat. § 146.81(1)(a) through (hp).

“Healthcare facility” refers to any system, care clinic, care provider, long-term care facility, alternative care facility, or any other healthcare facility where medical services are or may be provided.

“Interstate reciprocity temporary license” refers to temporary licensure issued under Section I-2.

“Emergency declaration” refers to the public health emergency declared pursuant to Section 319 of the Public Health Service Act, last declared July 23, 2020, and including any renewals.

2. Interstate Reciprocity

Any healthcare provider with a valid and current license or credential issued by another state may practice under that license and within the scope of that license in Wisconsin, including via telehealth/telemedicine technology, without first obtaining a

license or credential from the Department of Safety and Professional Services (DSPS), so long as the following conditions are met:

1. The practice is necessary for an identified healthcare facility to ensure the continued and safe delivery of healthcare services;
2. The healthcare provider is not currently under investigation and does not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction;
3. The healthcare facility's needs reasonably prevented in-state credentialing in advance of practice;
4. Except as provided in Section I-5, the healthcare provider must apply for an interstate reciprocity temporary license, or another form of temporary or permanent license provided for by Wisconsin law, within 30 days of first working at a healthcare facility in reliance on this Section;
5. The healthcare facility must notify DSPS at dsps@wisconsin.gov within 10 days of a healthcare provider practicing at its facility, including via telehealth/telemedicine technology, in reliance on this Section.

For a healthcare provider who possessed a temporary interstate license under Emergency Order 16, as modified in Emergency Order 20, or 2019 Wis. Act 185 and is seeking reinstatement, the provider may attest that the information contained in the original application is the same. The healthcare provider need not submit a new application form.

DSPS shall make the application form, notification form, and reinstatement attestation form readily available as soon as practicably possible on its website: <https://dsps.wi.gov/pages/Home.aspx>.

DSPS may withdraw an individual's authority to practice pursuant to this Section for good cause as determined by DSPS.

The Office of the Commissioner of Insurance (OCI) is directed to work with healthcare providers practicing under this provision to ensure they have the proper liability insurance coverage.

3. Expiring Credentials

A temporary interstate license provided under Section I-2, or any otherwise valid healthcare provider license that expires during the emergency declaration, shall remain valid for 30 days after the conclusion of the emergency declaration.

4. Reinstatement of Recently Lapsed Credentials

Any healthcare provider with a license that has recently lapsed (meaning within 5 years of expiration) who applies to DSPS for reinstatement shall not be required to pay any late renewal fees, and shall not be required to fulfill lapsed continuing education requirements.

5. Telemedicine

Except for as provided in Section I-2, a physician providing telemedicine in the diagnosis and treatment of a patient located in this state must have a valid and current license issued by this State, another state, or Canada. Where a requirement in Wis. Admin. Med. Ch. 24 applies to physicians licensed to practice by the medical examining board, such requirements extend to any physician practicing telemedicine in this state.

A physician practicing under this section must not currently be under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.

Insured patients are encouraged to continue to work with their insurance providers to ensure they are selecting providers in-network, if applicable and where possible.

An out-of-state physician who provides telemedicine in the diagnosis and treatment of a patient in Wisconsin pursuant to this Section who does not hold a valid interstate reciprocity temporary license as provided for in Section I-2, or another form of temporary or permanent license provided for by Wisconsin law, must provide notice that they have provided healthcare to a Wisconsin resident within 10-days to DSPS at dsps@wisconsin.gov. Such notice must include verification of credentials. Notice need only be provided once.

DSPS shall make the notification form readily available as soon as practicably possible on its website: <https://dsps.wi.gov/pages/Home.aspx>

OCI is directed to continue working with malpractice insurance carriers to facilitate coverage outside of the traditional healthcare facility settings and to continue working with health insurers to minimize out-of-network barriers for insured patients seeking telemedicine services.

II. Maximizing existing workforce resources

Practice and training flexibility for certain healthcare professions that were implemented previously have been identified by our healthcare partners as tools to help maximize available workforce resources during times of high volume COVID-19 care. As such, Sections IV and V of Emergency Order #16 issued March 27, 2020 are incorporated here by reference.

III. Other Provisions

Nothing in this Order should be construed to facilitate the practice by a credential-holder who has unmet disciplinary requirements, or whose credential has been suspended, revoked, or rescinded. Nothing in this Order should be construed to prevent civil or criminal action against a person or entity who falsely reports required information to DSPS or who otherwise violates the terms of this Order.

If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

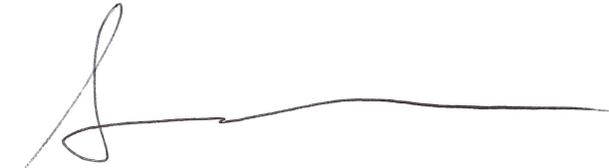
This Order is effective immediately and shall remain in effect for the duration of the federal public health emergency declared July 23, 2020 pursuant to Section 319 of the Public Health Service Act, including any renewals, or until a superseding order is issued by either the Governor or the Secretary of the Department of Health Services.



10/1/2020

Tony Evers
Governor
State of Wisconsin

Date



Andrea Palm
Secretary-designee
State of Wisconsin Department of Health Services

10/01/2020

Date

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 12 October 2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 22 October 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters 1. Phar 5, 6, 7, 11, and 12 Relating to Name and Address Change, Floor Design, Procedures for Disciplinary Proceedings, Superseded References and Technical Correction 2. Updates on Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>10/12/2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

NOTE: Discuss options for defining “Professional Service Area”

TEXT OF RULE

SECTION 1. Phar 5.02 (1) and (2) are amended to read:

Phar 5.02 (1) A pharmacist shall notify the board ~~in writing~~ when his or her name has been legally changed, within 30 days of the change.

(2) A pharmacist shall notify the board ~~in writing~~ when his or her address has been changed, within 30 days of the change.

SECTION 2. Phar 6.04 (1) is amended to read:

Phar 6.04 (1) PROFESSIONAL SERVICE AREA. ~~The professional service area of a pharmacy shall not be less than 250 sq. ft. No more than 20% of the space may be used for storage of bulk pharmaceuticals. If the pharmacy is open at any time solely as a non-prescription or sundry outlet, without a pharmacist present while the professional service area is closed, the professional service area shall be secured as specified in sub. (3). A variance to the 250 sq. ft. professional service area requirement may be authorized by the board upon submission of a specific plan describing the manner in which the proposed professional service plan varies from the requirement.~~

SECTION 2. Phar 6.04 (2) is repealed.

SECTION 3. Phar 6.04 (3) (title), (a) (intro.), and 2. are amended to read:

Phar 6.04 (3) PROFESSIONAL SERVICE AREA REQUIREMENTS WHERE PHARMACIST IS ABSENT WHEN THE PROFESSIONAL SERVICE AREA IS CLOSED

(a) ~~Except as provided in par. (c), if no pharmacist is present in the professional service area, a pharmacy may convert to a non-prescription or sundry outlet if~~ When the pharmacy professional service area is closed, the pharmacy shall meet all of the following requirements ~~are met:~~

1. A locked, secure physical barrier surrounds the professional service area of the pharmacy and precludes access to the area by ~~unlicensed~~ authorized personnel. A secured barrier may be constructed of other than a solid material with a continuous surface. If constructed of other than a solid material, the openings or interstices in the material shall not be large enough to permit removal of items from the professional service area by any means. Any material used in the construction of the barrier shall be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated or bent. The plans and specifications of the barrier shall be submitted to the board for approval.

~~2. The barrier is locked in the absence of the pharmacist authorized personnel.~~

SECTION 4. Phar 6.04 (3) (a) 3. is repealed.

SECTION 5. Phar 6.04 (3) (a) 5. and 6. are amended to read:

Phar 6.04 (3) (a) 5. Signs of reasonable size are posted at the entrance of the building and the professional service area prominently displaying the hours the ~~pharmacist will be on duty~~ professional service area is open.

6. The manner in which the telephone is answered does not imply that the ~~location is, at that time, operating as a pharmacy~~ professional service area is open.

SECTION 6. Phar 6.04 (3) (a) 7., (b) and (c) and (4) are repealed.

SECTION 7. Phar 7.04 (3) (intro.) as affected by CR 19-145 is amended to read:

7.04 (3) (intro.) The transfer of original prescription information for a controlled substance listed in Schedule III – ~~IV~~ V shall meet the following requirements:

SECTION 8. Chapter Phar 11 is repealed.

SECTION 9. Phar 12.04 is amended to read:

Phar 12.04 Inspections. Before a license is granted, an inspection of the establishment shall be conducted by the board or its representative to determine if the location meets ~~the standards in 21 USC 351 and 352 (1984) and 21 CFR 210 and 211 (1985)~~ federal and state laws and regulations.

SECTION 10. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 12 October 2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 22 October 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Pharmacy Patient Consultation Sign – Discussion and Consideration 1. Board approved sign/information 2. Advocate Aurora Health’s request for approval of sign and label	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board should first review the draft pharmacy patient consultation sign/information and consider utilization in support of the changes to Phar 7, effective on 1/1/2021. Then the Board should consider the request from Advocate Aurora Health for approval of sign and label.			
11) Authorization			
<i>Sharon Henes</i>		<i>10/12/2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wisconsin law requires the pharmacist talk to you about any new or changed prescriptions. You may request a discussion on any prescription.

If a pharmacist fails to discuss any new or changed prescriptions with you, you may contact:

Wisconsin Dept. of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

<https://dsps.wi.gov/Pages/SelfService/FileAComplaint.aspx>

Wisconsin law requires the pharmacist to consult with you about any new or changed prescriptions. You may contact the pharmacy on any prescription.

Contact the pharmacy if there is any irregularity in delivery including:

- Timeliness of delivery.
- Condition of the prescription drug upon delivery.
- Failure to receive the proper prescription drug product or device

Any prescription drug product or device which is compromised or lost due to delivery shall be replaced by the pharmacy at no additional cost to the patient. If the timeliness of the replacement will lead to an interruption in therapy, a pharmacist at the dispensing pharmacy shall take steps to mitigate patient harm.

If a pharmacist fails to consult or resolve your delivery irregularity, you may contact:

Wisconsin Dept. of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190

Madison, WI 53707-7190

<https://dsps.wi.gov/Pages/SelfService/FileAComplaint.aspx>

Phar 7.52 Labels. All prescribed drug products and devices dispensed for administration by a health care provider at the institutional facility shall have a label attached to the container disclosing all of the following:

- (1) Drug name, strength and form.
- (2) Beyond use date or expiration date.
- (3) Special storage conditions, if required.

The suggested statement:

Discard after one year of the dispense date.

Wisconsin law requires the pharmacist talk to you about any new or changed prescriptions. Call your pharmacist to discuss any questions or service concerns. If the pharmacist fails to solve your concerns, please contact:

Wisconsin Department of Safety and Professional Services

Division of Legal Services and Compliance

P.O. Box 7190

Madison, WI 53707-7190

Fax: (608) 266-2264

Email: dsps@wisconsin.gov

Wisconsin law requires the pharmacist talk to you about any new or changed prescriptions. Speak to your pharmacist to discuss any concerns. If the pharmacist fails to solve your concerns, please contact:

Wisconsin Department of Safety and Professional Services

Division of Legal Services and Compliance

P.O. Box 7190

Madison, WI 53707-7190

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**Wisconsin law requires the
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your concerns, please contact:**

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Fax: (608) 266-2264

Email: dsps@wisconsin.gov

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kimberly Wood, Program Assistant Program-Adv. on behalf of Jameson Whitney, Legal Counsel		2) Date when request submitted: 10/14/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 10/22/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Variances – Discussion and Consideration 1) Review, Discussion and Consideration of All Current Variances 2) Review, Discussion and Consideration of Any Proposed Variances a. Pharmacy Society of Wisconsin Variance Request b. Milwaukee Alternate Care Facility Request c. Variance Requests Received After Preparation of the Agenda	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Jameson Whitney, Legal Counsel, will provide an update regarding variances. The Board should discuss the topics at hand and act as deemed necessary.			
11) Authorization			
<i>Kimberly Wood</i>		10/14/2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

UPDATED: 10/9/2020

Milwaukee Alternate Care Facility (ACF)

At State Fair Park

Process and Protocol Guide

Please find the following guides for patient admission to the Alternate Care Facility

- **Overview of Alternate Care Facility and Intake Request: Page 1-2**
- **Alternate Care Facility Patient Admission Inclusion Criteria: Page 2-3**
- **Alternate Care Facility Admission Exclusion Criteria: Page 3**
- **Alternate Care Facility Discharge Process: Page 4**
- **Alternate Care Facility Admission Form: Page 5-6**

Overview of Alternate Care Facility Intake Request Process

Wisconsin hospitals seeking to transfer patients to the Alternate Care Facility must meet the criteria for admission described in section II and III. The Alternate Care Facility (ACF) Intake Form on page must be completed to be verbally reviewed during the patient transfer request call. The information recorded on the Intake Form will be discussed during the transfer call to determine acceptance to the ACF.

To initiate the patient transfer assessment process, the Hospital Discharge Planning Liaison or designee will contact the ACF Placement/Transport Coordinator at the ACF's Command Center by phone. Telephone calls must be placed between 9:00 am-Noon daily **THE DAY BEFORE the patient transfer from the hospital to the ACF is anticipated.**

The ACF's Command Center telephone number is **414-374-6639.**

When the patient transfer is approved by the ACF's Chief Medical Officer, the ACF will contact the Hospital Discharge Planning Liaison or designee as to the time and place the ACF's ambulance team will arrive to transport the patient to the ACF.

The ACF will receive patients between 9:00 am-5:00 pm the next day when the patient transfer is approved.

The ACF Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) are responsible for reviewing the admission criteria in consultation with Hospitalist and Critical Care/Pulmonology experts. The CMO or his physician designee will personally review and approve all intake requests. The goal of the intake process is to assure safe care within the ACF, and admit those patients having the highest likelihood of successful discharge from the ACF to their pre-hospital environment.

The ACF will be utilizing a nurse/patient staffing ratio of about 1 RN to 7 patients. The ACF will open on October 14, 2020 with 50 staffed beds and can increase bed availability based on need.

The ACF reserves the right to refuse admission of a patient during the intake process if the ACF clinical assessment indicates an unacceptably high risk of clinical condition and transfer to the patient.

PLEASE NOTE: All patients are required to have an identified post-discharge primary care clinician and follow-up plan in place to be communicated to the ACF intake staff at the time of transfer request. The ACF will also need to have a contact at the transferring hospital to notify when the patient is being discharged from the hospital.

Alternate Care Facility Inclusion Criteria

- Minimum 48 hours hospitalization
- COVID-19 positive (meets confirmed or probable case definition)
- Age 18-70 years old (those over 70 years old evaluated on a case by case basis)
- May require up to 6LPM nasal cannula oxygen therapy
- Able to maintain oxygen saturation greater than 90%
- May require continuous pulse oximetry monitoring
- May require intermittent nebulized bronchodilator and/or metered dose inhaler therapy
- Ambulatory and able to perform activities of daily living (ADLs) with limited (one person) assistance
- May require IV fluids for hydration and/or limited medications
- Stable vital signs previous 24 hours
- Stable pulmonary gas exchange data previous 24 hours (if applicable)
- Inflammatory markers within normal range/trending down previous 24 hours
- Normal Mental Status Evaluation
- Able to tolerate PO
- PSI/PORT Score of 130 or less (evaluated on a case by case basis)
- Diabetic patients able to self-monitor glucose
- Patients have all needed home medical supplies or devices in hand (including diabetes monitoring, ostomy, self-catheterization, and ambulatory assistive devices) and can manage own care in their use during this stay
- Will be discharging back to an independent living situation and setting
- Any homeless patient will require a specific discharge plan, facility assignment and contact person PRIOR to acceptance to the ACF

- Transferring hospital/clinician provides list of home medications and schedule along with a minimum 3-day supply, and e-prescribes new medications or DME anticipated at discharge
- Clearly defined care management follow up strategy, with a Primary Care Clinician/Clinic identified to support the ongoing plan of care
- Any payor status (including uninsured)

Alternate Care Facility Exclusion Criteria

- COVID negative diagnosis
- Skilled nursing care or assisted living residents
- BMI > 40 (evaluated on case by case basis)
- Diagnosis of sepsis previous 24 hours
- Requirement of significant nursing care (e.g. more than one-person assist, assisted catheterization, complex wound care)
- Requirement of dialysis
- CIWA score >8
- Acute mental health issues
- Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm³, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications)
- On contact precautions for acute diarrheal illness
- Known active MRSA, C. Difficile, TB, active XDRO, MDRO, known Candida auris colonization or infection
- No concealed carry weapons allowed

Alternate Care Facility Discharge Criteria

- 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer
- Room air pulse oximeter > 88% and no shortness of breath with ambulation
- Adequate support services available at discharge location
- Cleared for discharge by physician or clinician on site
- ACF Placement /Transport Coordinator will coordinate with the family and patient, transportation to a mutually agreed upon location in the city where the patient lives.

Alternate Care Facility Admission Form

This form will be reviewed verbally during transfer call

Date

Time

Hospital Requesting Transfer

Hospital Address

City

Patient Name

Date of Birth

Patient Phone Number

Transferring Physician

Contact Phone Number

Discharge Planner Name and Contact Phone Number

Name and Contact Number of Family Member

Assessment from Acute Care Site

Vital Signs – BP _____ P _____ RR _____ Temp _____ SPO2 _____

Allergies _____

Oxygen requirements in past 24 hours _____

Current PORT Total _____ Criteria will be reviewed verbally with Chief Medical Officer

Current Brescia Total _____ Criteria is total of 1--wheezing or unable to speak in full sentences while at rest or minimal effort; 2-- respiratory rate >22; 3-- PaO2 <65 mmHg or SpO2 <90

Current Symptomatology and Clinical Status

Patient Background and History of Hospital Stay

Current living situation to which patient will return

Current Treatments/Medications

Current Code Status

The patient meets the following admission criteria:

Minimum of 48-hour hospitalization

COVID Positive

Age 18-70

Maintains O2 saturation greater than 90% on 6 LPM or less

Ambulatory and able to perform ADLs with limited assist of one person

Stable vital signs for previous 24 hours

Stable pulmonary gas exchange data for previous 24 hours

Inflammatory markers with normal range/trending down previous 24 hours

Normal mental status evaluation

Diabetic patients able to self-monitor glucose

Able to manage any other chronic illness expectations (e.g. ostomy, assistive devices, etc)

Will be returning to an independent living situation and setting.

Any homeless patient requires a specific discharge plan, including facility assignment and contact person

Has clearly defined care management follow up strategy with primary care clinician/clinic

The patient does NOT meet the exclusion criteria:

COVID negative

Skilled nursing or assisted living residents

BMI > 40

Diagnosis of sepsis previous 24 hours

Requires significant nursing care

Requires dialysis

CIWA score >8

Acute mental health issues

Severely immunocompromised

Contact precautions for acute diarrhea

Known active MRSA, C Difficile, TB, Active XDRO, MDRO, known Candida auris

No concealed weapons

Other Information

Expected Date and Time of Patient Arrival _____

MILWAUKEE ALTERNATE CARE FACILITY
POLICY MANUAL
2020

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ADMINISTRATIVE POLICIES

Milwaukee Alternate Care Facility Alternate Care Facility Overview and Admission/Transfer Criteria

I. BACKGROUND.

Low acuity COVID-19 patients who have minimal care requirements can be considered for the first phase of placement at the Alternate Care Facility Milwaukee at State Fair Park (West Allis, WI). It is the intent of this facility to off-load the COVID + patients from hospitals while they are in minimal monitoring states so as to allow for greater expansion of intermediate or ICU level care at the hospitals.

Any person coming to this facility is considered exposed to COVID-19.

Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough (as determined by the treating physician) should not prevent a case from being discharged home. Please review the below information prior to making a request for transfer to the Alternate Care Facility at State Fair Park.

II. COVID-19 Clinical Criteria.

While fever, shortness of breath and cough are classic symptoms of COVID-19 disease, clinically compatible illness could include any of the following:

- A.** Mild respiratory disease including presence of fever <100, either measured or subjective, chills, rigors, myalgia, headache, diarrhea, sore throat, rhinorrhea; or
- B.** Lower respiratory illness (e.g. cough, shortness of breath, or difficulty breathing); or
- C.** Severe respiratory illness including one or more of the following:
 - 1. Clinical or radiographic evidence of pneumonia, or Acute respiratory distress syndrome.

Other atypical clinical presentations may also meet clinical criteria. Please reference CDC's Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) for additional details (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>).

III. Alternate Care Facility Intake Requests.

If hospitals are seeking to transfer patients meeting the criteria below, hospitals should submit an ACF Facility Intake Form. [Discharge Planning Hospital Liaison contacts Alternate Care Facility Placement/Transport Coordinator at command center].

Criteria for admission will change over time and the facility reserves the right to refuse a patient during the intake process if their clinical assessment differs from the facility sign-out during the intake process.

NOTE: Careful attention should be paid by transferring hospitals to investigate and communicate high-risk medical or psychiatric conditions substance use disorder, security concerns, criminal history, and need for wrap-around support services prior to filling out the intake form to allow for placement of the individual to the correct isolation housing option. Other

city housing options are available for patients with complex social service/mental health needs including medication assisted treatment. If a patient is at moderate or severe risk for alcohol withdrawal, they should not be transferred.

IV. Alternate Care Facility Admissions Will Be Accepted From 9am-5pm Daily

- A. Any candidate must be transferred from an acute care facility after at least a 24 to 48-hour period of observation
- B. No direct admissions from the pre-hospital setting or to the ACF
- C. COVID-19 positive (meets confirmed or probable case definition)
- D. Age 18 or older
- E. Any payor status (including uninsured)
- F. Oxygen requirements 4 LPM or less via nasal cannula
- G. Able to maintain saturation greater than 90% on 4LPM or less via nasal cannula
- H. May require pulse oximetry measurements
- I. May require intermittent nebulized bronchodilator and/or metered dose inhaler therapy
- J. Patient is ambulatory and able to perform activities of daily living (ADLs) with limited (one person) assistance
- K. May require IV fluids for hydration and or limited medications
- L. Discharge/transferring hospital must be able to provide list of home medications and schedule along with at least 3-day supply
- M. Stable vital signs for the last 24 hours
- N. Alert and oriented
- O. Inflammatory markers within normal range/trending down in the last 24 hours, only if available
- P. Diabetic patients must be able to self-monitor glucose and bring glucometer, test strips, lancets, etc. If the patient does not have this equipment on admission, we will request family to bring it over.
- Q. Patients must have all home medical supplies or devices (including ostomy, self-catheterization, and ambulatory assistive devices in hand) if the patient does not have this on admission, we will request family to bring it over.

V. Alternate Care Facility Exclusion Criteria.

- A. Significant altered mental status, including dementia
- B. Inability to manage ADLs, or to walk independently or with limited (one person) assistance
- C. BMI > 40
- D. Diagnosis of sepsis within the last 24 hours
- E. Patient requires significant nursing care (e.g. more than one person assist, assisted catheterization, complex wound care)
- F. Patient requires dialysis
- G. Patient requires CPAP—which is aerosol generating

- H. CIWA score >8
- I. Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm³, a steroid dose equivalent to either 2 mg/kg of body weight or a total of 20 mg/day of prednisone, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications)
- J. Patient has acute mental health issues, or substance abuse/withdrawal needs
- K. On contact precautions for acute diarrheal illness
- L. Known active MRSA, C. Difficile, TB, active XDRO, MDRO, known Candida auris colonization or infection
- M. No concealed carry weapons allowed

VI. Alternate Care Facility Discharge Criteria.

- A. 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer
- B. Room air pulse oximeter > 88% and no shortness of breath with ambulation
- C. Adequate support services available at discharge location
- D. Cleared for discharge by physician or clinician on site

Milwaukee Alternate Care Facility Staff and Provider Roles and Expectations

I. MDs, APRNs, PAs

- A.** CMO or designee--Reviews each patient recommended for admission through discussion with acute care based medical staff; determines if approved.
- B.** Completes admission intake assessment and creates medical plan of care.
- C.** Writes orders on order sheet, including medications. Prints, and assures copy is sent to the pharmacy (potentially fax), and hard copy is kept in patient chart at the nurses station.
- D.** Documents daily on each patient, along with ongoing chart review.
- E.** Reviews and signs standing orders daily.
- F.** Engages in patient evaluation and support for any critical changes in condition
- G.** Rounds at least daily to review patient progress and evaluate for potential discharge
- H.** Makes decisions for discharge
- I.** CMO reviews and routinely addresses any patient or staff concerns.

II. Registered Nurses

- A.** Leads team of patient care assistants and others to support the overall care and experience of assigned group of patients.
- B.** Communicates routinely with Nursing Supervisor on duty to report needs, concerns, and any potential changes in patient status. Assures that is reported to Medical team, and Nursing Leaders.
- C.** Communicates routinely with Medical Team on duty to report any potential changes in patient status, or patient needs.
- D.** Completes admission intake assessment and creates plan of nursing care
- E.** Documents assessment and vital signs and patient progress at least twice per shift. Completes Bresscia scale hourly while the patient is awake.
- F.** Implements oxygen weaning protocol as possible, and assesses/documents patient response.
- G.** Directs and oversees the work of patient care assistants
- H.** Administers, manages, assesses, teaches regarding medication management with patients.
- I.** Uses standing orders and protocols as needed to meet patient needs.
- J.** Rounds routinely to review patient progress and evaluate for potential discharge

- K. Supports the bio-psycho-social-spiritual needs of patients. Requests other supports for patients as needed, including social work and chaplain and RT and others.

III. Nursing Leaders – CNO and Nursing Directors

- A. Responsible for overseeing nursing care across shifts, patients and units.
- B. Creates nursing assignments for each shift within EPIC system.
- C. Works with nursing supervisor to communicate, develop, and support all staff. Fosters a positive work environment.
- D. Serves as a resource and conduit for administration and operations support.
- E. Reviews and addresses and patient and staff concerns.
- F. Notified daily by noon by hospitals if patients to be considered for admission the next day. Reports to other team administrative members to assure staff is notified.
- G. Participates in patient admission process with CMO and transferring hospital.
- H. Assures that staff are able to document in EPIC system, and follows up if intervention needed.

IV. Nursing Supervisor

- A. Responsible for overseeing all patient care areas for the shift, and communicating with nurse leader on call (Pat, Pamela and Annette)
- B. May participate in patient admission procedure with CMO and transferring hospital.
- C. Assures all staff arrive, and have patient care assignments. Directs staff to areas.
- D. Assures that all staff have phones or communication devices or know how to communicate.
- E. Assures that all staff have are informed and oriented and understand patient safety expectations.
- F. Serves as a resource for procedures and daily management.
- G. Makes recommendations for patient assignments for next shift.
- H. Remind patient care teams of the rounding and physical assessment expectations.
- I. Assures that shift to shift reporting on patients is clear and complete.

V. Patient Care Assistants

- A. Support the safety and care and experience of all patients

- B. Works at the direction and delegation of the nurse and nursing supervisor
- C. Rounds with patients, including talking with them, at least hourly
- D. Assists patients in ADLs including walking, bathroom, showers if desired, etc.
- E. Assists patients in meals and food distribution and pick up
- F. Interacts with patients to help pass the time and diminish anxiety and stress
- G. Takes vital signs particularly reflecting respiratory status – pulse oximetry recording, respiratory rate and ease, pulse, temps. Records this, and reports this to the nurse assigned.
- H. Responds to other needs as identified.

VI. Runners

- A. Supports the flow of care and the needs of the patient care areas as requested and directed by nursing supervisor, and all clinical team members.
- B. Assists primarily in non-clinical requests, such as accessing needed supplies, materials and equipment.
- C. Responsible for retrieving anything dropped off by patient families at the Gate.
- D. Assists in food distribution and pick up. May assist in getting cart for pharmacy drop offs.
- E. Assists with stocking supplies in accessible areas, including supply rooms, nurses stations and patient spaces.

VII. Social Workers

- A. Rounds with patients to assure we understand their stories and their home living circumstances
- B. Participates significantly in supporting plans for patient discharges to home
- C. Assists patients in connecting with loved ones or communications
- D. Assists patients in meeting psychosocial/spiritual needs.
- E. Rounds with team each day to determine likely timelines and patient needs for going home. Facilitates plans

VIII. Respiratory Therapist

- A. Assures we are managing O2 delivery in a safe and effective way, including incline and bottled oxygen
- B. Supports any patient who needs a nebulizer treatment
- C. Supports any patient in appropriate use of multidose inhalers
- D. Assists with respiratory assessments and recommendations, particularly with those patients who have greater respiratory challenge

- E. Assists with short term proning if needed.
- F. Works with any person who has higher acuity to needs support of their airway and breathing.
- G. Serves as a resource to staff for respiratory related questions and interventions.

IX. Pharmacists

- A. Serves as licensed pharmacist to oversee medication dispensing and inventory management functions.
- B. Reviews medication orders from the medical team. Creates a Medication Administration Record (MAR) for nursing and supports medication conversions as needed based on standing operating procedures.
- C. Prepares medication for dispensing via medication cart fill process twice daily
- D. Available to other health care givers to respond to medication related questions or needs.
- E. Communicates with a designated retail pharmacy for other outpatient medication or inventory needs.

X. Registration

- A. Responsible for collecting and documenting patient data into the EPIC system at the time of admission
- B. Responsible for documenting patient data in the system at the time of discharge.
- C. Participates in communicating patient room assignment to EMS on patient arrival
- D. Makes copies of the admission medical records, face sheet, order sheet, labels for patient paper chart. Assures pharmacy received copy of the admission order sheet.
- E. Assures that patient receives admission wrist band with accurate identification, and continues to wear and retain their hospital wrist bands.

Milwaukee Alternate Care Facility Orientation for the Health Care Provider

I. PREPARING FOR WORK AT THE ALTERNATE CARE FACILITY.

Clothing: When working as staff at the Alternate Care Facility (ACF) you will be required to wear scrubs. You will be allowed to wear any color or print of scrubs you own. It is not advisable to wear a lab coat or sweater, to minimize contamination, a long sleeve shirt may be worn under the scrubs. If you do not own scrubs a pair of scrubs will be provided to you for the day. Long hair will need to be tied up off the collar. Absolutely no jewelry, a watch or clock will be provided.

Footwear: You will be required to wear proper footwear, such as tennis shoes, Danskos or similar (No open shoes, no Crocks with holes). Note you will be working on a polished cement floor which may become slippery when wet.

Equipment: Disposable isolation stethoscopes are provided in each patient room. Blood pressure cuffs, thermometer, etc... will also be provided. Please do not bring personal stethoscopes or blood pressure cuffs to the facility.

Lockers and showers: Although secure lockers are provided to store personal items, we ask you not to bring unnecessary items such as cash or jewelry. Private showers are available for your use before leaving the facility. You will want to bring your showering items and a change of clothing if showering at the ACF.

II. ARRIVAL TO THE FACILITY.

- A. Enter through Gate 4 of the Wisconsin State Fair Grounds.
- B. Follow the signs to the Alternate Care Facility Healthcare worker/ staff Parking.
- C. Enter through the staff entrance on the West entrance. This is exhibit hall B.
- D. Check-in with security (you must show identification) and receive daily PPE and (scrubs if needed).
- E. Enter the (clean space) and locker room, change into the provided scrubs if you do not have your own, and place personal belongings into a secured locker. Don PPE, this will be your PPE for the day. Once you enter the arena you MUST be wearing a face mask to cover both your mouth and nose.
- F. Once you have Donned all PPE please report to your role leader for daily assignment.

III. NURSING ADMISSION PROCEDURE.

An admission assessment should be completed by the nurse upon arrival to the ACF. Admission assessment is in the admissions tab of EPIC with additional information being entered into the patient's progress notes or paper chart. Privacy of the patient needs to be considered at all times.

- A. Nurse is notified by the house supervisor of patient arrival and prepares patient chart/ clipboard.

- B. Upon arrival, patient is greeted in the room by RN and PCA.
- C. PCA helps settle patient and obtains vital signs (Blood pressure, Temp., Pulse, Respiration, and Pulse Ox). *Every patient will initially be on continuous pulse oximetry monitoring.
- D. PCA or nurse documents vitals in the EPIC system and brings a copy of the med list to the pharmacy.
- E. RN completes admission assessment, Brescia-COVID Respiratory Severity Scale (BCRSS)/Algorithm, medication management assessment, and any other documents.
- F. RN will call the provider for provider admission assessment at **insert number here**.

IV. NURSING PROCEDURES.

PCA/ nurse will round every hour and complete a full set of vital signs at least every 4 hours and document in EPIC.

A. Admission Assessment

An admission assessment should be completed by the nurse. Admission assessment is in the admissions tab of the ADT navigator with additional information being entered into the patient's progress notes.

B. Patient history

Nursing staff should discuss the history of current illness/injury (i.e. the reason for current admission), relevant history, allergies and reactions, medications, immunization status, implants and family and social history.

C. General Appearance

This should occur on admission and then continue to be observed throughout the patients stay at the ACF

Considerations for all patients include: looks well or unwell, pale or flushed, lethargic or active, agitated or calm, compliant or combative, posture and movement.

D. Vital signs

Baseline vitals are recorded as part of an admission assessment and documented. Ongoing assessment of vital signs are completed as indicated for your patient. It is important to review the Brescia score least every hours or as patient condition dictates.

1. **Respiratory Rate:** count the breaths for one full minute. Assess any respiratory distress. * This step is critical for all COVID-19 patients and is one of the most important vital signs.
2. **Heart Rate:** To ensure accuracy, count pulse for a full minute.

3. **Blood Pressure:** Baseline measurement should be obtained for every patient.
4. **Oxygen Saturation:** Pulse ox for oxygen delivery mode.

E. Physical assessment:

A structured physical examination allows the nurse to obtain a complete assessment of the patient. Clinical judgment should be used to decide on the extent of the assessment required. Assessment information includes, but is not limited to:

- F. Primary assessment** (Airway, Breathing, Circulation, and Disability) and **Focussed systems assessment.** Information regarding each assessment criteria is specified in the EPIC chart.

V. SHIFT PROCEDURES.

A. Assessment

Clinical judgment should be used to decide on the extent of the assessment required. Assessment information includes, but is not limited to:

1. Airway:
2. Breathing:
3. Circulation:
4. Motor function
5. Skin:
6. Hydration/Nutrition: Assess hydration and nutrition status including diet needs.
7. Risk Assessment: pressure injury risk assessment, falls risk assessment, medication management.
8. Wellbeing: psychosocial assessments.

B. Medications

1. The ACF is a low acuity COVID-19 care facility therefore, medication management is very different from an inpatient facility.
2. Pharmacist will dispense medications in bags via cart with patient information and room number daily.
3. No medications will be accepted by the family from home.
4. RNs will manage medications. Medications will be kept in patient envelopes at the nurse's station and distributed and documented by the RN.
5. Medication and IV Records must stay in the chart.

C. IVs

1. IVs may be ordered
2. There are no IV pumps at the ACF. IV medications will be infused using gravity drip. (see procedures for counting drip rates).

D. Oxygen

1. See full oxygen protocol
2. Hall A has inline O2 and portable O2 tanks that can be used while away from the room.
3. Patients can have up to 4LPM O2 based on the order. If the patient requires higher flow O2 rates they will be transferred out to the hospital.

E. Laboratory

1. i-STAT EC8+ finger stick machine along with cartridge and procedure for testing are kept at the nurse station.

F. Meals

1. 1 choice for a meal for each of breakfast, lunch, snack, and dinner
2. If ordered by the clinicians, patients can have full diet, calorie-restricted diabetic diet, low sodium diet, or vegetarian options.
3. At all times there will be crackers, juice or bottled water available.

G. Call Lights

1. The patient has a call light in their room, bathroom, or shower to use if needed.
2. Nurse will monitor light in the nurse's station and by call light pager only. Lights will not illuminate in the hallway. Lights must be turned off in the patient room/ bathroom or shower.

H. Discharge

1. It is anticipated ACF patients will have a 3-5-day length of stay, however, longer lengths of stay should be anticipated for patients needing more care than can be given at home.
2. Care team will request a discharge round 1 day prior.
3. Discharge rounds will be completed around the same time each day
4. Requirements for discharge
5. 7 days from point of onset of illness
6. 3 days without symptoms
7. No oxygen

8. Ambulatory Pulse Ox over 88%
9. Respiratory rate less than 20
10. Access patient home environment
11. Access transportation
12. Coordinate home medications
13. Guideline/Scoring System in EPIC.

LEGAL POLICIES

Milwaukee Alternate Care Facility Admission, Transfer, and Discharge Policy

I. PURPOSE.

The purpose of this Admission, Transfer, and Discharge Policy is to provide guidance for the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") regarding the admission, transfer and discharge of ACF patients.

II. POLICY.

A. ACF Basic Parameters.

1. Patient Population. The ACF is intended to provide limited services only to those low acuity patients who have tested positive for COVID-19 or who otherwise meet COVID-19 screening criteria.
2. Sending Hospital Capacity. The ACF will accept patients only from those hospitals who meet the capacity criteria set forth on Exhibit A or, in extenuating circumstances, where such criteria are not met but the ACF leadership has approved the admission.
3. Intake Process. Hospitals seeking to transfer patients to the ACF will contact the ACF admission nurse. The Chief Medical Officer will then discuss the patient's status with the physician at the sending hospital to confirm that the patient meets admission criteria.
4. Admission Process. The ACF shall accept transfers of patients to the ACF only by ambulance transport from the sending hospital. No walk-ins will be admitted to the ACF. The ACF shall comply with the terms of its transfer arrangements with applicable vendors.

B. Patient Admissions.

1. Admission Criteria. Patients must meet all of the parameters specified as admission criteria on Exhibit B.
2. Exclusion Criteria. Patients who meet the exclusion criteria on Exhibit B will not be admitted to the ACF, absent extraordinary circumstances.
3. Right To Refuse Admission. The ACF retains the right to refuse patient admissions for any non-discriminatory purpose including, but not limited to the following:
 - a. The hospital does not meet the capacity eligibility criteria set forth on Exhibit A.
 - b. The patient does not meet the admission criteria set forth on Exhibit B.
 - c. The ACF lacks appropriate capacity (e.g. beds, equipment) or capability (e.g. staffing).

4. No Discrimination. The ACF's policy is to admit and treat patients who satisfy the admission eligibility criteria without regard to race, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, payor status, veteran or military status, or any other basis prohibited by federal, state, or local law.
5. Admission Procedure. After the patient is accepted for admission by the Chief Medical Officer, the following steps shall be followed:
 - a. *Admitting Practitioner Order.* Patients shall be admitted only upon the order of the CMO or another qualified practitioner ("Admitting Practitioner").
 - (i) The Admitting Practitioner must authenticate the order (or countersign a verbal order) within twenty-four (24) hours of admission to the ACF.
 - (ii) The Admitting Practitioner will determine and issue admission orders for appropriate care and medications at the ACF. Any orders for medications will be sent to the ACF pharmacy and entered in the ACF medical record.
 - b. *Patient Consent for Treatment.* The patient, or patient's legal representative, will provide informed consent to admission and treatment at the ACF as evidenced by signature on the Consent for Treatment form (Exhibit C).
 - c. *Initial Nursing Assessment and Responsibilities.* A nurse will be assigned to each patient admitted to the ACF. The nurse is responsible for:
 - (i) Ensuring that a patient health record is established for each patient.
 - (ii) Assessing each patient upon admission and documenting the assessment in the medical record.
 - (iii) Contacting the Admitting Practitioner to communicate about the nurse assessment and the plan of care.
 - d. *Admitting Practitioner Assessment.* The Admitting Practitioner shall complete an admission intake assessment and create the patient's medical plan of care. Information obtained from the assessment/examination shall be documented in the patient's medical record and discussed with the nurse assigned to the patient.
 - e. *Registration Responsibilities.* Registration is responsible for collecting and documenting patient data at the time of admission and ensuring the patient receives an admission wristband. Registration will also communicate patient room assignments to EMS upon patient arrival.

C. Patient Transfers From ACF.

1. Where The ACF Lacks Capacity Or Capability. In the event a patient's condition deteriorates or decompensates to a point where the patient meets any of the exclusion criteria outlined in Exhibit B or otherwise deteriorates beyond the capabilities of the ACF, the ACF shall arrange for a transfer of the patient back to the sending hospital or to another facility with a higher level of care.
2. Upon Order Of Admitting Practitioner. The patient's Admitting Practitioner or designee may transfer the patient to another appropriate care setting at any time if determined to be in the patient's best interest, with appropriate coordination with the receiving facility and with the patient.
3. Transfer Process. To effect transfer from the ACF, the Admitting Practitioner or designee will issue an order for transfer. The Admitting Practitioner or designee will contact the receiving facility to ensure the facility has the capability and capacity to safely assume care of the patient. The ACF is not considered a "dedicated emergency department" and such transfers are not regulated under the Emergency Medical Treatment and Labor Act.

D. Discharge.

1. Discharge Criteria. Patients may be discharged from the ACF when the discharge criteria on Exhibit B are met.
2. Patients Leaving Against Medical Advice. For patients wishing to leave the ACF against medical advice, the Leaving Against Medical Advice Policy will be followed.
3. Discharge Process. Patients will be discharged upon the order of the Admitting Practitioner (or designee) who has had the opportunity to perform an in-person assessment of the patient's condition. Patients will be responsible for personal transportation from the ACF at the time of discharge. The ACF is not responsible for arranging for transportation of the patient upon discharge from the ACF to the patient's home. Patients will be provided instructions for post-discharge care.

Admission, Transfer, and Discharge Policy

Exhibit A: Hospital Capacity Criteria

Appropriate Scope of ACF Transfers:

The hospitals in the SE region of Wisconsin ("Hospitals") acknowledge that the State of Wisconsin has established a Milwaukee Alternate Care Facility ("ACF"). The Hospitals acknowledge that:

1. The ACF is funded by state and federal funding intended to assist with controlling and fighting the COVID-19 pandemic.
2. The ACF is not an expansion site for any particular hospital, and is not dedicated exclusively to use by the Hospitals - rather the purpose of the ACF is to relieve pressure from Wisconsin hospitals by accepting patients in transfer from hospitals, where reasonable given the particular circumstances of each individual patient.
3. The ACF has specified admission criteria and patients who do not meet these criteria will not be accepted by the ACF, in its sole discretion.

Hospital Surge Capacity Phases:

For the purposes of this effort, Hospitals have divided their surge capacity into three phases.

Phase I means that the Hospitals accommodate patients internally, through the normal and customary use of existing hospital acute care beds and ICU beds. When the Hospitals are at 80% of occupancy using these resources, the Hospitals will move to Phase II.

Phase II means that the Hospitals are able to accommodate separation and isolation of COVID-19 patients through innovative use of existing hospital clinical space. This may involve the Hospitals using clinical spaces to either: (1) care for COVID-19 positive patients; or (2) care for COVID-19 negative patients in order to keep them isolated from COVID-19 positive patients, e.g. the use of the inpatient surgical floor to house COVID-19 patients (or alternatively COVID-19 negative medical patients). When the Hospitals are at 80% of occupancy using these resources, the Hospitals will move to Phase III.

Phase III means that the Hospitals accommodate patients by repurposing hospital space that is not typically used for acute care beds or ICU level care, e.g. use of gastroenterology suite or the use of recovery room beds as acute care or ICU beds. It is acknowledged that the staffing and facility costs of Phase III will place a significant strain on the Hospitals and that patient care provided in the Phase III scenario would be potentially less optimal given this strain.

Criteria For Capacity Sufficient To Transfer To ACF:

The Hospitals acknowledge that the ACF will accept patients in transfer only when:

1. The Hospitals have reached 80% occupancy at Phase II.
2. By transferring patients to the ACF, the Hospitals may avoid the necessity of moving to Phase III, which is a strain on the Hospitals' resources.

Weekly Review Of Transfers:

The ACF leadership will conduct a weekly review of all admissions to the ACF and whether the transferring hospital was at sufficient capacity to justify the transfer. The results of this review will be shared with the Hospitals' leadership. Any inappropriate transfer will be reviewed with the transferring hospital.

Admission, Transfer, and Discharge Policy

Exhibit B: Eligibility and Exclusion Criteria

Background

Low acuity COVID-19 patients who have minimal care requirements can be considered for the first phase of placement at the Milwaukee Alternate Care Facility (“ACF”). It is the intent of the ACF to off-load the COVID + patients from hospitals while they are in minimal monitoring states so as to allow for greater expansion of intermediate or ICU level care at the hospitals.

Any person coming to this facility is considered exposed to COVID-19.

Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingered cough (as determined by the treating physician) should not prevent a case from being discharged home. Please review the below information prior to making a request for transfer to the ACF.

COVID-19 Clinical Criteria

While fever, shortness of breath and cough are classic symptoms of COVID-19 disease, clinically compatible illness could include any of the following:

- Mild respiratory disease including presence of fever <100, either measured or subjective, chills, rigors, myalgia, headache, diarrhea, sore throat, rhinorrhea; or
- Lower respiratory illness (e.g. cough, shortness of breath, or difficulty breathing); or
- Severe respiratory illness including one or more of the following:
 - Clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome.

Other atypical clinical presentations may also meet clinical criteria. Please reference CDC’s Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) for additional details (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>).

Alternate Care Facility Intake Requests

If hospitals are seeking to transfer patients meeting the criteria below, hospitals should submit an ACF Intake Form. [Discharge Planning Hospital Liaison contacts Alternate Care Facility Placement/Transport Coordinator at Command Center].

Criteria for admission will change over time and the ACF reserves the right to refuse a patient during the intake process if their clinical assessment differs from the ACF sign-out during the intake process.

NOTE: Careful attention should be paid by transferring hospitals to investigate and communicate high-risk medical or psychiatric conditions substance use disorder, security concerns, criminal history, and need for wrap-around support services prior to filling out the intake form to allow for placement of the individual to the correct isolation housing option. Other city housing options are available for patients with complex social service/mental health needs including medication assisted treatment. If a patient is at moderate or severe risk for alcohol withdrawal, they should not be transferred.

Alternate Care Facility Eligibility Criteria

- ACF admissions will be accepted from 9am-5pm daily
- Any candidate must be transferred from an acute care facility after at least a 24 to 48-hour period of observation
- No direct admissions from the pre-hospital setting or to the ACF
- COVID-19 positive (meets confirmed or probable case definition)
- Age 18 or older
- Any payor status (including uninsured)
- Oxygen requirements 4 LPM or less via nasal cannula
- Able to maintain saturation greater than 90% on 4LPM or less via nasal cannula
- May require pulse oximetry measurements
- May require intermittent nebulized bronchodilator and/or metered dose inhaler therapy
- Patient is ambulatory and able to perform activities of daily living (ADLs) with limited (one person) assistance
- May require IV fluids for hydration and or limited medications
- Discharge/transferring hospital must be able to provide list of home medications and schedule along with at least 3-day supply
- Stable vital signs for the last 24 hours
- Alert and oriented
- Inflammatory markers within normal range/trending down in the last 24 hours, only if available
- Diabetic patients must be able to self-monitor glucose and bring glucometer, test strips, lancets, etc. If the patient does not have this equipment on admission, we will request family to bring it over
- Patients must have all home medical supplies or devices (including ostomy, self-catheterization, and ambulatory assistive devices in hand) if the patient does not have this on admission, we will request family to bring it over

Alternate Care Facility Exclusion Criteria

- Significant altered mental status, including dementia
- Inability to manage ADLs, or to walk independently or with limited (one person) assistance

- BMI > 40
- Diagnosis of sepsis within the last 24 hours
- Patient requires significant nursing care (e.g. more than one person assist, assisted catheterization, complex wound care)
- Patient requires dialysis
- Patient requires CPAP—which is aerosol generating
- CIWA score >8
- Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm³, a steroid dose equivalent to either 2 mg/kg of body weight or a total of 20 mg/day of prednisone, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications)
- Patient has acute mental health issues, or substance abuse/withdrawal needs
- On contact precautions for acute diarrheal illness
- Known active MRSA, C. Difficile, TB, active XDRO, MDRO, known Candida auris colonization or infection
- No concealed carry weapons allowed

Alternate Care Facility Discharge Criteria

- 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer
- Room air pulse oximeter > 88% and no shortness of breath with ambulation
- Adequate support services available at discharge location
- Cleared for discharge by physician or clinician on site

Admission, Transfer, and Discharge Policy Exhibit C: Consent for Treatment

1. General Statement of Informed Consent.

I, _____ (Patient Name), by signing below, attest to the fact that I hereby consent to all evaluation, diagnosis, treatment or other health care services provided to me by the Milwaukee Alternate Care Facility (ACF). I specifically understand that the ACF is a temporary facility intended to provide care to those who have been diagnosed with COVID-19 or may be diagnosed with COVID-19. I further understand that the level of care provided to me at the Milwaukee ACF will necessarily be subject to the unpredictable nature of the COVID-19 virus, the fact that the ACF is attempting to accommodate a global pandemic and a patient surge necessitating this facility to accommodate overflow from hospitals, and that the ACF is not itself a hospital. I understand that the care providers at the ACF are comprised of volunteers and contracted service providers and state employees doing their best to accommodate patients needing care during the state of emergency that has been declared nationally and in the State of Wisconsin. I am giving my consent to treatment and care at the ACF understanding the unusual circumstances, and I hereby agree that I will not attempt to hold any person or entity affiliated with the ACF or with my care at the ACF liable for my care or consequences thereof. I understand that the State of Wisconsin and the Federal Emergency Management Agency are funding this ACF and I agree that I will not attempt to hold any person associated with these governmental entities responsible or liable for my care or the outcome of my care.

I understand that as a patient receiving care at the ACF, I have the right to be informed about my condition and I understand that I either have tested positive for COVID-19 or have symptoms or risk factors consistent with COVID-19. I understand my condition and the relative risks and benefits of receiving care at the ACF. I hereby acknowledge that I have sufficient information to direct my care team at the ACF, and do (by signing below) direct that care team, to provide care to me within the ACF capability and capacity and within the care team's discretion. I understand that there is currently no medication, treatment or cure that has been approved by the Food and Drug Administration for the purpose of curing COVID-19 and that the focus of the care at the ACF will be to alleviate my symptoms, accommodate my respiratory and other conditions to the extent possible, and to allow me time to recover from the virus in the ACF environment.

By my signature below, I am acknowledging all of the parameters reflected in this form and consenting to proceed with treatment.

I further understand that if I am not in a position to provide informed consent, that under Wisconsin law, certain treatment may be provided emergently in the absence of my consent.

2. Understanding of Risks.

I understand that the treatment and care provided at the ACF is generally intended to make me comfortable and alleviate my symptoms, but that there may be side effects or consequences of such treatment and those risks are either well known to me or have been explained to me to my

satisfaction. I consent to the spectrum of treatment that will be or has been provided to me at the ACF, with full knowledge of these risks.

3. Right to Refuse.

I understand that I am receiving care at the ACF voluntarily and that I have the right to refuse care at any time. I understand that any care provided to me prior to my notification of the ACF that I no longer wish to receive care (and a reasonable time thereafter for discharge) is provided pursuant to my informed consent. I understand that if I decide to terminate my care against the advice of my care team, that I am responsible for any consequences.

4. No Guaranteed Outcome.

I understand that there is no guaranteed outcome from my care at the ACF. I understand that my condition may worsen or deteriorate and I consent to the care at the ACF despite this fact. All the risks and benefits of receiving care at the ACF are either well known to me or have been explained to me and I understand that this is a serious pandemic and that outcomes are not predictable, regardless of the ACF care team or the services they provide. By signing below I release the ACF and its staff, affiliates or representatives from any liability relating to loss or damage of such property.

5. Emergency Care.

I understand that my condition may deteriorate such that I am no longer an appropriate patient for care at the ACF, and that arrangements will be made to transfer me to an appropriate care facility in that event. I understand that there are risks associated with ambulance transport and I hereby consent to those risks and direct the ACF care team to transport me as necessary, in the event that my medical condition warrants such transfer.

6. Scope of Care.

I understand that the ACF is intended and equipped to provide a certain level of care for those patients with COVID-19 or likely to have COVID-19 and that the ACF is not equipped to provide more intensive care such as ventilation. I understand that if my condition deteriorates and I am not able to be transported in a timely manner to another facility, that my health or bodily functions may be compromised as a result, including, but not limited to injury, illness, loss of bodily functions or death.

7. Confidentiality of Information.

I understand that while the ACF is not a "covered entity" under HIPAA, that all appropriate measures will be taken to safeguard my confidential health information and that the ACF will make every effort to respect my privacy. I understand that I may allow ACF personnel to provide certain details about my condition to individuals who call and ask about me by name, and I consent to this disclosure of information. I understand that my health information may be shared with others without my specific authorization - for example, as needed for continuity of care.

8. No Billing by ACF.

I understand that the ACF will not be billing me nor billing any payor for the care, supplies or services that I receive at the ACF by ACF Staff, nor for any transport to the ACF from the referring health care facility, or from the ACF back to the referring health care facility if necessary. I understand that the ACF makes no representation as to whether I will be responsible for payment for any care, supplies or services prior or subsequent to my treatment at the ACF, and for any cost associated with transportation from the ACF upon my discharge.

9. Personal Property and Valuables.

I understand that if I have any personal property on site at the ACF, that the ACF is not responsible for such property and I release the ACF and its staff, affiliates or representatives from any liability relating to loss or damage of such property.

10. Follow Up Care.

I understand that I am responsible for my own care and treatment after I leave the ACF, and that the ACF may not be able to resolve the symptoms or issues related to my health conditions prior to discharge. I agree to follow all discharge instructions and understand that it is my responsibility to arrange for follow up care.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND UNDERSTAND ITS PURPOSE AND UNDERSTAND AND AGREE TO ALL OF THE CONTENT CONTAINED HEREIN. I FURTHER ACKNOWLEDGE THAT I AM COMPETENT AND AUTHORIZED TO EXECUTE THIS FORM.

Signature of Patient: _____

Signature of Patient Representative: _____ **Relationship:** _____

Witness: _____ **Date:** _____ **Time:** _____

Milwaukee Alternate Care Facility Leaving Against Medical Advice Policy

I. PURPOSE.

To establish guidelines to be followed when a patient requests to leave or leaves the Milwaukee Alternate Care Facility (the “ACF”) against medical advice (“AMA”).

II. POLICY.

The patient has the right to leave the ACF even against the medical advice of the physician or other attending provider or referring practitioner (collectively "Provider").

III. PROCEDURE.

- a. If a patient is competent and has decisional capacity, and expresses a desire to leave AMA, the Provider will discuss the stated reasons with the patient (or patient’s authorized representative) and explain the risks and benefits of leaving the ACF, including the risks to the patients and the risks of contagion to others. This discussion will be documented in the medical record.
- b. If the patient insists on refusing admission to the ACF or leaving AMA, the Provider will attempt to inform the patient (or authorized representative) about strategies for reducing the likelihood of transmission of COVID-19 to others.
- c. Have the patient sign a “Leaving Against Medical Advice” form (Exhibit A) before leaving the ACF. If the patient refuses to sign the form, make a notation of that fact on the form and, if possible, have at least one witness sign the notation. The form should be included in the patient’s medical record.
- d. Complete discharge of the patient from the ACF. The time and date of discharge should be noted in the patient’s electronic medical record.
- e. If time and circumstances permit, document a specific notation in the patient’s medical record reflecting the fact that the patient left AMA, the surrounding circumstances, and any efforts made to convince the patient not to leave.

Leaving Against Medical Advice Policy Exhibit A: Leaving Against Medical Advice Form

Patient Name: _____ Date: _____

Attending Provider: _____

RECOMMENDED TREATMENT:

I understand that I have been diagnosed with suspected or confirmed Coronavirus 2019 (“COVID-19”). I understand that COVID-19 is an infectious communicable disease. I further understand that the attending provider has recommended that I remain in the Milwaukee Alternate Care Facility (“ACF”) for further treatment and observation.

MEDICAL BENEFITS AND RISKS:

I understand that my referring practitioner has recommended that I be admitted to the ACF and has explained the benefits of the treatment and observation, as well as the risks of leaving against medical advice. I understand that my referring practitioner believes that a course of treatment in the ACF is in my best interest. I understand that, depending on the nature and severity of my COVID-19 symptoms, my refusal to be admitted to or remain in the ACF and receive services may result in a worsening of my condition and could seriously or permanently impair my bodily function, endanger my health, and even my life. I also understand that leaving the ACF against medical advice could result in the transmission of COVID-19 to others.

CERTIFICATION AND ACKNOWLEDGEMENT:

I certify that I have read the information contained in this form. I certify that I am voluntarily refusing the treatment and continued observation recommended by my referring practitioner. I fully accept responsibility for any consequences of that refusal. I further certify that I am voluntarily leaving the ACF against medical advice.

I understand the associated medical risks and I acknowledge that I have been given the opportunity to ask questions and all of my questions have been answered.

I hereby release the ACF, the State of Wisconsin and its participating agencies, the ACF providers, leadership and employees from any liability for any and all injuries and damages I may sustain as a result of my refusing recommended treatment or leaving against medical advice.

I UNDERSTAND AND CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION CONTAINED IN THIS FORM AND THAT I AM COMPETENT TO EXECUTE THIS STATEMENT.

Patient (or legal representative) Signature: _____

Date: _____ Time: _____

Witness Signature: _____

Date: _____ Time: _____

If the patient refuses to sign this statement, he or she cannot be forced to do so, nor may release be withheld until he or she signs. If such refusal occurs, the form will be filled out, read to the patient and witnessed by the ACF personnel present, and the statement “SIGNATURE REFUSED” will be written in the patient’s signature line.

Milwaukee Alternate Care Facility Advanced Directives Policy

I. PURPOSE.

The purpose of this policy is to provide guidelines and parameters for the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") to facilitate the provision of care in accordance with each patient's wishes as expressed in advance directives, to the extent consistent with applicable law and standards.

II. DEFINITIONS.

- A. **"Advance Directive"** means a document identifying the patient's wishes pertaining to end-of-life care. For the purposes of this policy, Advance Directives include declarations to health care professionals (Living Wills), orders not to resuscitate, and Health Care Powers of Attorney.
- B. **"Do Not Resuscitate Order" ("DNR Order")** means a written order issued by the patient's primary care physician or the attending Practitioner when the patient is treated in the ACF, issued to a patient that is not pregnant, and which is signed by the patient (unless the order has been requested by a Health Care Agent or Guardian), and which directs personnel not to attempt Resuscitation on a patient for whom the DNR Order is issued if that patient suffers cardiac or respiratory arrest.
- C. **"Guardian"** means a person appointed by a court to make decisions on the patient's behalf relating to the medical care of a patient who has been determined by a court to be incompetent.
- D. **"Health Care Agent" ("Agent")** means an individual designated by a patient, through a properly executed and witnessed Health Care Power of Attorney document, to make health care decisions on behalf of the patient in the event the patient becomes Incapacitated.
- E. **"Health Care Power Of Attorney" ("HCPOA")** means a witnessed document signed by the patient designating an individual to be his or her Agent for the purpose of making health care decisions on his or her behalf in the event that the patient, due to incapacity, becomes unable to do so independently.
- F. **"Incapacitated"** means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the patient lacks the capacity to manage his or her health care decisions, including decisions about end-of-life.
- G. **"Life-Sustaining Procedure"** means any medical procedure or intervention that, in the judgment of the Practitioner, would serve only to prolong the dying process but not avert death, when applied to a qualified patient, as defined herein. Life-Sustaining Procedures include assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis, and other similar procedures, but do not include:

1. The alleviation of pain by administering medication or by performing any medical procedure; or
 2. The provision of nutrition or hydration.
- H. "Living Will"** (also called "**Declaration to Health Care Professionals**") means a written, witnessed document voluntarily executed by the patient authorizing the withholding or withdrawal of Life-Sustaining Procedures or feeding tubes when the patient is in a Terminal Condition or a Persistent Vegetative State.
- I. "Persistent Vegetative State"** means a condition that reasonable medical judgment finds constitutes complete and irreversible loss of all of the functions of the cerebral cortex resulting in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.
- J. "Practitioner"** means the physician, advanced practice nurse prescriber ("APNP"), or physician assistant ("PA") overseeing the patient's care during the ACF admission.
- K. "Qualified Patient"** means a patient who is "qualified" to be the subject of a DNR Order, which specifically means that the patient is at least 18 years of age, is not known to be pregnant, and that at least one of the following conditions applies:
1. The patient has a Terminal Condition as defined herein;
 2. The patient has a medical condition such that Resuscitation is unlikely to be successful; or
 3. The patient would likely suffer great pain or harm during Resuscitation that would outweigh its benefits.
- L. "Resuscitation"** means cardiopulmonary resuscitation or any component of cardiopulmonary resuscitation, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures. Resuscitation does not include the Heimlich maneuver or similar procedure used to expel an obstruction from the throat, clearing an airway, administering oxygen, positioning for comfort, applying a splint, controlling bleeding, or providing pain medication.
- M. "Revocation"** means the act of withdrawing or canceling an Advance Directive or causing it to be withdrawn or canceled, by any of the mechanisms described within this policy.
- N. "Terminal Condition"** means an incurable medical condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, such that the application of Life-Sustaining Procedures serves only to postpone the moment of death.

III. POLICY.

A. Identification and Documentation of an Advance Directive. ACF Staff will initiate discussions with all patients admitted to the ACF whether that patient has one or more Advance Directives, and will document the response and take steps to obtain a copy of any such Advance Directive, which will be included in the patient's medical record. ACF Staff will assist and facilitate the development of an Advance Directive where necessary. Where known and available, the following shall be documented in the patient's medical record:

1. Whether the patient has one or more Advance Directives (and if so, which Advance Directives exist);
2. Whether the patient's medical record contains a copy of any such Advance Directive, and if not, what steps were taken to obtain a copy; and
3. Whether the HCPOA, if one exists, has been activated.

During a patient's admission, the Practitioner (or designee) will review the patient's Advance Directive with the patient (or, if applicable, with the Guardian or Agent), whenever there is a material change in the patient's medical condition or a change in care setting.

B. DNR Orders. Upon admission to the ACF, a patient's previously issued Standardized DNR bracelet (which would be binding on first responders and emergency personnel) will no longer be sufficient, and will not be honored. As part of the patient's admission, the Practitioner (or designee) will assess the patient, discuss the patient's wishes, and enter a DNR Order if the patient is a Qualified Patient and the DNR Order is indicated.

C. Living Wills.

1. Executing an HCPOA. A patient may voluntarily execute a Living Will at any time, provided the patient is not Incapacitated and is 18 years of age or older. The Living Will must be signed by the patient in the presence of two independent witnesses. ACF Staff other than a chaplain or social worker shall not witness the signing of the Living Will. See **Exhibit A** for a template Living Will.
2. Activating a Living Will. The Living Will becomes effective immediately but will not be followed unless the patient has a Terminal Condition or is in a Persistent Vegetative State, as determined by two (2) practitioners (a physician, APNP, or a PA) who have personally examined the patient, at least one (1) of whom is a physician. The Living Will does not legally authorize withholding or withdrawal of Life-Sustaining Procedures medications or feeding tubes in the event that a Practitioner determines that this course of action would cause the patient pain or discomfort that cannot be alleviated.

3. Limitations. The Living Will does not authorize the withholding or withdrawal of nutrition or hydration that is administered in any method other than a feeding tube unless the Practitioner has determined that the other methods of nutrition or hydration are medically contraindicated.
4. Notification of and Discussion Regarding a Living Will. The patient is responsible for notifying the Practitioner of the existence of the Living Will, although ACF Staff will make efforts to determine if the document exists and to obtain a copy of the Living Will, which will be documented and included in the patient's medical record.
5. Complying with a Living Will. Health care providers in all areas of the ACF shall make a good faith effort to comply with the patient's Living Will unless any of the following applies:
 - a. The patient is pregnant;
 - b. The Practitioner cannot in good conscience comply with the provisions of the Living Will (in such cases the health care provider shall make a reasonable effort to transfer the patient to a health care provider who can comply with the provisions of the Living Will);
 - c. ACF Staff have actual knowledge that the patient was Incapacitated at the time the Living Will was executed; or
 - d. ACF Staff have actual knowledge that the Living Will has been revoked.

If the patient's Living Will provides that the patient wishes to receive Life-Sustaining Procedures or a feeding tube, this directive must be followed unless the Practitioner determines that such a course of action is medically contraindicated. If the Guardian or Agent disagrees with the course of action stated in the Living Will, ACF Staff should consult legal counsel.

D. Health Care Power of Attorney.

1. Executing an HCPOA. A patient may voluntarily execute a HCPOA at any time, provided the patient is not Incapacitated and is 18 years of age or older. The HCPOA must be signed by the patient in the presence of two independent witnesses. ACF Staff other than a chaplain or social worker shall not witness the signing of the HCPOA. See **Exhibit B** for a template HCPOA.
2. Activating an HCPOA. Unless otherwise specified in the HCPOA instrument, an individual's HCPOA takes effect upon a finding that the patient is Incapacitated as determined by two (2) practitioners (a physician, APNP, or a PA) who have personally examined the patient, at least one (1) of whom is a physician. Such practitioners must sign a statement specifying that the patient is Incapacitated.

3. Notification of and Discussion Regarding an HCPOA. The patient and the Agent are responsible for notifying the Practitioner of the existence of the HCPOA, although ACF Staff will make efforts to determine if the document exists and to obtain a copy of the HCPOA, which will be documented and included in the patient's medical record.
4. Agent Authority and Limitations. The Agent appointed by the HCPOA has the authority to make medical decisions on the patient's behalf and to execute documents such as authorizations or waivers on the patient's behalf. The Agent may not consent to certain actions, e.g. admission to mental health facilities or nursing homes (other than respite if the Agent resides with the patient), except as specifically authorized in the HCPOA document.
 - a. The patient's Agent may consent to the withholding or withdrawal of a feeding tube for the patient if the HCPOA instrument so authorizes, unless the Practitioner advises that, in his or her professional judgment, the withholding or withdrawal will cause the patient pain or reduce the patient's comfort. An Agent may not consent to the withholding or withdrawal of orally ingested nutrition or hydration unless provision of the nutrition or hydration is medically contraindicated.
 - b. The Agent may consent to Life-Sustaining Procedures or the placement of a feeding tube, provided that such measures are not medically contraindicated.

E. Where Patient has Both HCPOA and Living Will.

Where a patient has both an HCPOA and a Living Will:

1. The Agent shall make decisions regarding the patient's treatment that are consistent with the desires of the patient as expressed in the HCPOA instrument, the Living Will, or as otherwise specifically directed by the patient to the Agent at any time.
2. If the provisions of a patient's HCPOA are inconsistent with that patient's Living Will, the HCPOA will govern and the appointed Agent will make the relevant decisions.
3. If a patient's HCPOA instrument does not address a particular situation or if the patient's desires are unknown, then the Agent shall act in the best interests of the patient in exercising his or her authority.

F. Revocation of Advance Directives.

1. Revoking a DNR Order. Only the patient, the Guardian or the Agent may revoke a DNR Order. The patient may do so even if Incapacitated

2. Revoking a Living Will. The patient, whether or not Incapacitated, always has the power to revoke a Living Will. Execution of a subsequent Living Will will constitute Revocation of the prior one.
3. Revoking a HCPOA. The patient, even if Incapacitated, always has the right to revoke the HCPOA. Execution of a subsequent HCPOA will constitute Revocation of the prior one. If a patient is adjudicated incompetent by a court in the process of appointing a Guardian, the court has the power to determine whether the HCPOA is revoked or continues concurrently with the guardianship.

G. Decisions for Patients Without Advance Directives.

1. If a patient does not have the capacity to make medical decisions relating to end-of-life in the Practitioner's professional judgment, but no Advance Directive is in place, the Practitioner shall proceed as follows:
 - a. Assess whether the patient has prior expressed wishes (e.g. as documented in the medical record) as to end-of-life issues;
 - b. Consider whether the patient's family is able to reach a consensus as to the best course of action for the patient; and
 - c. Consider consulting legal counsel.
2. In the event that there are no prior expressed wishes and no family consensus, consider whether guardianship should be pursued.

Advanced Directive Policy

Exhibit A: Declaration to Health Care Professionals (Living Will)



State of Wisconsin Department of Health Services

The Declaration to Health Care Professionals (Living Will) form makes it possible for adults in Wisconsin to state their preferences for life-sustaining procedures and feeding tubes in the event, the person is in a terminal condition or persistent vegetative state.

Be sure to read both sides of the form carefully, and understand before you complete and sign it.

The withholding or withdrawal of any medication, life-sustaining procedure or feeding tube may not be made if the attending physician, physician assistant, or advanced practice registered nurse advises that doing so will cause pain or reduce comfort, and the pain or discomfort cannot be alleviated through pain relief measures.

Two witnesses are required. Witnesses must be at least 18 years of age, not related to you by blood, marriage or adoption, and not directly financially responsible for your health care. Witnesses may not be persons who know they are entitled to or have a claim on any portion of your estate. A witness cannot be a health care provider who is serving you at the time the document is signed, an employee of the health care provider, other than a chaplain or a social worker, or an employee other than a chaplain or social worker of an inpatient health care facility in which you are a patient. Valid witnesses acting in good faith are immune from civil or criminal liability.

When you have completed and signed the form:

- The original signed form should be kept in a safe, easily accessible place until needed.
- You should make relatives and friends aware that you have signed the document and the location where it is kept.
- A copy of the signed form may be kept on file with your physician, physician assistant, or advanced practice registered nurse. You are responsible for notifying your attending physician, physician assistant, or advanced practice registered nurse of the existence of the Declaration. An attending physician, physician assistant or advanced practice registered nurse who is notified shall make the Declaration part of your medical records.
- The document may, but is not required to be, filed for safekeeping, for a fee, with the Register in Probate of your county of residence. The fee for filing with the Register in Probate has been set by State at \$8.

A Declaration that is in its original form or is a legible photocopy or electronic facsimile copy is presumed to be valid.

If you have both a Declaration to Health Care Professionals and a Power of Attorney for Health Care, the provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a valid Declaration to Health Care Professionals.

Up to four copies of the Declaration to Health Care Professionals are available free to anyone who sends a stamped, self-addressed, business-size envelope to Living Will, Division of Public Health, PO Box 2659, Madison, Wisconsin 53701-2659. You may make additional copies of the enclosed blank form. The form is also available on the Department of Health Services Web page <https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>.

INSTRUCTIONS FOR DECLARATION TO HEALTH CARE PROFESSIONALS FORM

Definitions

“Declaration” means a written, witnessed document voluntarily executed by the declarant under State Statute (1), but is not limited in form or substance to that provided in State Statute 154.03(2).

“Department” means the Department of Health Services.

“Feeding tube” means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

“Terminal condition” means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

“Persistent vegetative state” means a condition that reasonable, medical judgment finds constitutes complete and irreversible loss of all the functions of the cerebral cortex and results in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

“Qualified patient” means a declarant who has been diagnosed, and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by two health care professionals and one of whom is a physician, who have personally examined the declarant.

“Attending health care professional” means a health care professional who has primary responsibility for the treatment and care of the patient.

“Advanced practice registered nurse” means a nurse licensed under ch. 154 who is currently certified by a national certifying body approved by the board of nursing as a nurse practitioner, certified midwife, certified registered nurse anesthetist, or clinical nurse specialist.

“Health care professional” means any of the following: a physician licensed under ch. 154, a physician assistant licensed under ch. 154, or an advanced practice registered nurse.

“Inpatient health care facility” has the meaning provided under State Statute 50.135(1) and includes community-based residential facilities as defined in State Statute 50.01(1g).

“Life-sustaining procedure” means any medical procedure or intervention that, in the judgment of the attending health care professional, would serve only to prolong the dying process but not avert death when applied to a qualified patient.

“Life-sustaining procedure” includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include (a) the alleviation of pain by administering medication or by performing a medical procedure; or (b) the provision of nutrition or hydration.

Procedures for Signing Declarations

A Declaration must be signed by the declarant in the presence of two witnesses. If the declarant is physically unable to sign a Declaration, the Declaration must be signed in the declarant’s name by one of the witnesses or some other person at the declarant’s express direction and in his or her presence; such a proxy signing shall either take place or be acknowledged by the declarant in the presence of two witnesses.

Effect of Declaration

The desires of a qualified patient who is competent supersede the effect of the Declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures or feeding tubes, a Declaration executed under this chapter is presumed to be valid.

Revocation of Declaration

A Declaration may be revoked at any time by the declarant by any of the following methods:

- 1) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.
- 2) By a written revocation, signed and dated by the declarant expressing the intent to revoke.
- 3) By a verbal expression by the declarant of his or her intent to revoke the Declaration, but only if the declarant or a person acting on behalf of the declarant notifies the attending physician, physician assistant, or advanced practice registered nurse of the revocation.
- 4) By executing a subsequent Declaration.

The attending physician, physician assistant, or advanced practice registered nurse shall record in the declarant's medical records the time, date and place of the revocation and time, date and place, if different, that he or she was notified of the revocation.

Liabilities

No physician, physician assistant, or advanced practice registered nurse, inpatient health care facility or health care professional acting under direction of a physician, physician assistant, or advanced practice registered nurse may be held criminally or civilly liable, or charged with unprofessional conduct of any of the following:

- 1) Participating in the withholding or withdrawal of life-sustaining procedures or feeding tubes under Ch. 154, subchapter II.
- 2) Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.
- 3) Failing to comply with a Declaration, except that failure by a physician, physician assistant, or advanced practice registered nurse to comply with a Declaration of a qualified patient constitutes unprofessional conduct if the physician, physician assistant, or advanced practice registered nurse refuses or fails to make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply with the Declaration.

F-00060A (Rev. 02/2020)

**PLEASE BE SURE YOU READ THE FORM CAREFULLY AND UNDERSTAND IT
BEFORE YOU COMPLETE AND SIGN IT**

DECLARATION TO HEALTH CARE PROFESSIONALS (WISCONSIN LIVING WILL)

I, _____

being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician, physician assistant or advanced practice registered nurse, honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a **TERMINAL CONDITION**, as determined by a physician, physician assistant, or advanced practice registered nurse, who have personally examined me, and if a physician who has also personally examined me agrees with that determination, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

YES, I want feeding tubes used if I have a terminal condition.

NO, I do not want feeding tubes used if I have a terminal condition.

If you have not checked either box, feeding tubes will be used.

2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a physician, physician assistant, or advanced practice registered nurse who have personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of life-sustaining procedures:

YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of feeding tubes:

YES, I want feeding tubes used if I am in a persistent vegetative state.

NO, I do not want feeding tubes used if I am in a persistent vegetative state.

If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed _____ Date _____

Address _____ Date of Birth _____

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness Signature _____ Date Signed _____

Print Name _____

Witness Signature _____ Date Signed _____

Print Name _____

**DIRECTIVES TO ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT,
OR ADVANCED PRACTICE REGISTERED NURSE**

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when a physician and another physician, physician assistant, or advanced practice registered nurse, one of whom is the attending health care professional, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.
2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.
3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.
4. If you know that the patient is pregnant, this document has no effect during her pregnancy.

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

Advanced Directives Policy

Exhibit B: Power of Attorney for Health Care



State of Wisconsin

Department of Health Services

Instructions to Complete the Power of Attorney for Health Care Form

To Whom It May Concern:

Enclosed is the Power of Attorney for Health Care form you requested. The Power of Attorney for Health Care form makes it possible for adults in Wisconsin to authorize other individuals (called health care agents) to make health care decisions on their behalf should they become incapacitated. It may also be used to make or refuse to make an anatomical gift (donation of all or part of the human body to take effect upon the death of the donor).

Be sure to read all six (6) pages of the form carefully and understand it before you complete and sign it. Talk with those you select as your health care agent and the alternate health care agent about your thoughts and beliefs about medical treatment. Neither the health care agent nor the alternate may be your health care provider, an employee of a health care facility in which you are a patient, or a spouse of any of those persons, unless he or she is also your relative.

Two witnesses are required. Witnesses must be at least 18 years of age, not related to you by blood, marriage, domestic partnership, or adoption, and not directly financially responsible for your health care. A witness cannot be a health care provider who is serving you at the time the document is signed or an employee of the health care provider unless the employee is a chaplain or social worker. A witness cannot be an employee of an inpatient health care facility in which you are a patient, unless the employee is a chaplain or social worker. A witness cannot be your health care agent nor have a claim on any portion of your estate. Valid witnesses acting in good faith are immune from civil or criminal liability.

An original signed form may be kept on file with your physician or other primary care provider. A signed Power of Attorney for Health Care form may also be kept in a safe, easily accessible place until needed. You should make relatives and friends aware that you have created a Power of Attorney for Health Care and the location where it is kept. Relatives and friends should also be told whom you select as the health care agent and the alternate. The document may, but is not required to be, filed for safekeeping, for a fee, with the Register in Probate of your county of residence. The fee for filing with the Register in Probate has been set by State Statute at \$8.00. A Power of Attorney for Health Care that is an original signed form or is a legible photocopy or electronic facsimile copy is presumed to be valid. If you have both a Power of Attorney for Health Care and a Declaration to Physicians, the provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a valid Declaration to Physicians.

One copy of the Power of Attorney for Health Care form is available free to anyone who sends a stamped, self-addressed, business-size envelope to: Power of Attorney, Division of Public Health, P.O. Box 2659, Madison, Wisconsin 53701-2659. You may make additional blank copies of the form you receive from the Division of Public Health. The form is also available on the Department of Health Services Web page, <https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>. If you have any questions about the availability of the Power of Attorney for Health Care form or obtaining larger quantities of the form, you may contact the Division of Public Health by telephoning 608-266-1251.

Definitions: 'Department' means the Department of Health Services. 'Health Care' means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition. 'Health care decision' means an informed decision in the exercise of the right to accept, maintain, discontinue, or refuse health care. 'Health care facility' means a facility, as defined in State Statute 647.01(4), or any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health center, tuberculosis sanatorium or other place licensed or approved by the department under State Statutes 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, 58.06, 252.073 or 252.076 or a facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10. 'Health care provider' means a nurse licensed or permitted under State Statute Chapter 441, a chiropractor licensed under Chapter 446, a dentist licensed under Chapter 447, a physician, podiatrist or physical therapist licensed or an occupational therapist or occupational therapy assistant certified under Chapter 448, a person practicing Christian Science treatment, an optometrist licensed under Chapter 449, a psychologist licensed under

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Chapter 455, a partnership thereof, a corporation thereof that provides health care services, an operational cooperative sickness care plan organized under State Statute 183.981 to 183.985 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in State Statute 30.49 (1) (a). 'Incapacity' means the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions. 'Feeding tube' means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of the declarant.

Who may sign a Power of Attorney for Health Care? An individual who is of sound mind and has attained age 18 may voluntarily execute a Power of Attorney for Health Care. An individual for whom an adjudication of incompetence and appointment of a guardian of the person is in effect under State Statute Chapter 54 is presumed not to be of sound mind.

Procedure for signing a Power of Attorney for Health Care The principal (person creating the Power of Attorney for Health Care) and the witnesses all must sign the form at the same time.

When does it take effect? Unless otherwise specified in the Power of Attorney for Health Care instrument (form), an individual's Power of Attorney for Health Care takes effect upon a finding of incapacity by 2 physicians, as defined in State Statute 448.01 (5), or one physician and one advanced practice clinician, as defined in State Statute 455.01 (4), who personally examine the principal and sign a statement specifying that the principal has incapacity. Mere old age, eccentricity, or physical disability, either singly or together, is insufficient to make a finding of incapacity. Neither of the individuals who make a finding of incapacity may be a relative of the principal nor have knowledge that he or she is entitled to or has a claim on any portion of the principal's estate. A copy of the statement, if made, shall be appended to the Power of Attorney for Health Care instrument.

Revocation A principal may revoke his or her Power of Attorney for Health Care and invalidate the Power of Attorney for Health Care instrument at any time by doing any of the following: canceling, defacing, obliterating, burning, tearing or otherwise destroying the Power of Attorney for Health Care instrument or directing another in the presence of the principal to so destroy the Power of Attorney for Health Care instrument; executing a statement, in writing, that is signed and dated by the principal, expressing the principal's intent to revoke the Power of Attorney for Health Care; verbally expressing the principal's intent to revoke the Power of Attorney for Health Care in the presence of 2 witnesses; or, executing a subsequent Power of Attorney for Health Care instrument. The principal's health care provider shall, upon notification of revocation of the principal's Power of Attorney for Health Care instrument, record in the principal's medical record the time, date and place of the revocation and the time, date and place, if different, of the notification to the health care provider of the revocation.

Immunities No health care facility or health care provider may be charged with a crime, held civilly liable, or charged with unprofessional conduct for any of the following: certifying incapacity under State Statute 155.05 (2), if the certification is made in good faith based on a thorough examination of the principal; failing to comply with a Power of Attorney for Health Care instrument or the decision of a health care agent, except that failure of a physician to comply constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the principal to another physician who will comply; complying, in the absence of actual knowledge of a revocation, with the terms of a Power of Attorney for Health Care instrument that is in compliance with Chapter 155; complying with the decision of a health care agent that is made under a Power of Attorney for Health Care that is in compliance with Chapter 155; acting contrary to or failing to act on a revocation of a Power of Attorney for Health Care, unless the health care facility or health care provider has actual knowledge of the revocation; or, failing to obtain the health care decision for a principal from the principal's health care agent, if the health care facility or health care provider has made a reasonable attempt to contact the health care agent and obtain the decision but has been unable to do so. No health care agent may be charged with a crime or held civilly liable for making a decision in good faith under a Power of Attorney for Health Care instrument that is in compliance with Chapter 155. No health care agent who is not the spouse of the principal may be held personally liable for any goods or services purchased or contracted for under a Power of Attorney for Health Care instrument.

General provisions The making of a health care decision on behalf of a principal under the principal's Power of Attorney for Health Care instrument does not, for any purpose, constitute suicide. No individual may be required to execute a Power of Attorney for Health Care as a condition for receipt of health care or admission to a health care facility. No insurer may refuse to pay for goods or services covered under a principal's insurance policy solely because the decision to use the goods or services was made by the principal's health care agent.

Important:

You must keep pages 1-6 of the form together as your executed document. Copies distributed to health care providers, etc. must include pages 1 - 6.

POWER OF ATTORNEY FOR HEALTH CARE DOCUMENT NOTICE TO PERSON MAKING THIS DOCUMENT

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, health care provider(s), and any other person(s) to whom you have given a copy. If your agent is your spouse or your domestic partner, and your marriage is annulled or you are divorced or your domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your physician or other primary care provider.

POWER OF ATTORNEY FOR HEALTH CARE

Document made this [] day of [] (month), [] (year).

CREATION OF POWER OF ATTORNEY FOR HEALTH CARE

I, []
[]
[]
[]

(print name, address, and date of birth),

being of sound mind, intend by this document to create a power of attorney for health care. My executing this power of attorney for health care is voluntary. Despite the creation of this power of attorney for health care, I expect to be fully informed about and allowed to participate in any health care decision for me, to the extent that I am able. For the purposes of this document, "health care decision" means an informed decision to accept, maintain, discontinue, or refuse any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition.

In addition, I may, by this document, specify my wishes with respect to making an anatomical gift upon my death.

DESIGNATION OF HEALTH CARE AGENT

If I am no longer able to make health care decisions for myself, due to my incapacity,

I hereby designate []
[]

(print name, address and telephone number) to be my health care agent for the purpose of making health care decisions on my behalf. If he or she is ever unable or unwilling to do so,

I hereby designate []
[]

(print name, address and telephone number)

to be my alternate health care agent for the purpose of making health care decisions on my behalf. Neither my health care agent nor my alternate health care agent whom I have designated is my health care provider, an employee of my health care provider, an employee of a health care facility in which I am a patient or a spouse of any of those persons, unless he or she is also my relative. For purposes of this document, "incapacity" exists if 2 physicians or a physician and a psychologist, nurse practitioner, or physician assistant who have personally examined me sign a statement that specifically expresses their opinion that I have a condition that means that I am unable to receive and evaluate information effectively or to communicate decisions to such an extent that I lack the capacity to manage my health care decisions. A copy of that statement must be attached to this document.

GENERAL STATEMENT OF AUTHORITY GRANTED

Unless I have specified otherwise in this document, if I ever have incapacity I instruct my health care provider to obtain the health care decision of my health care agent, if I need treatment, for all of my health care and treatment. I have discussed my desires thoroughly with my health care agent and believe that he or she understands my philosophy regarding the health care decisions I would make if I were able. I desire that my wishes be carried out through the authority given to my health care agent under this document.

If I am unable, due to my incapacity, to make a health care decision, my health care agent is instructed to make the health care decision for me, but my health care agent should try to discuss with me any specific proposed health care if I am able to communicate in any manner, including by blinking my eyes. If this communication cannot be made, my health care agent shall base his or her decision on any health care choices that I have expressed prior to the time of the decision. If I have not expressed a health care choice about the health care in question and communication cannot be made, my health care agent shall base his or her health care decision on what he or she believes to be in my best interest.

LIMITATIONS ON MENTAL HEALTH TREATMENT

My health care agent may not admit or commit me on an inpatient basis to an institution for mental diseases, an intermediate care facility for the persons with intellectual disability, a state treatment facility, or a treatment facility. My health care agent may not consent to experimental mental health research or psychosurgery, electroconvulsive treatment or drastic mental health treatment procedures for me.

ADMISSION TO NURSING HOMES OR COMMUNITY-BASED RESIDENTIAL FACILITIES

My health care agent may admit me to a nursing home or community-based residential facility for short-term stays for recuperative care or respite care.

If I have checked "Yes" to the following, my health care agent may admit me for a purpose other than recuperative care or respite care, but if I have checked "No" to the following, my health care agent may not so admit me:

1. A nursing home Yes No
2. A community-based residential facility Yes No

If I have not checked either "Yes" or "No" immediately above, my health care agent may admit me only for short-term stays for recuperative care or respite care.

PROVISION OF FEEDING TUBE

If I have checked "Yes" to the following, my health care agent may have a feeding tube withheld or withdrawn from me, unless my physician, physician assistant, or nurse practitioner has advised that, in his or her professional judgment, this will cause me pain or will reduce my comfort. If I have checked "No" to the following, my health care agent may not have a feeding tube withheld or withdrawn from me.

My health care agent may not have orally ingested nutrition or hydration withheld or withdrawn from me unless provision of the nutrition or hydration is medically contraindicated.

Withhold or withdraw a feeding tube Yes No

If I have not checked either "Yes" or "No" immediately above, my health care agent may not have a feeding tube withdrawn from me.

HEALTH CARE DECISIONS FOR PREGNANT WOMEN

If I have checked "Yes" to the following, my health care agent may make health care decisions for me even if my agent knows I am pregnant. If I have checked "No" to the following, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

Health care decision if I am pregnant Yes No

If I have not checked either "Yes" or "No" immediately above, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

STATEMENT OF DESIRES, SPECIAL PROVISIONS OR LIMITATIONS

In exercising authority under this document, my health care agent shall act consistently with my following stated desires, if any, and is subject to any special provisions or limitations that I specify. The following are any specific desires, provisions or limitations that I wish to state (add more items if needed):

1.
2.
3.

INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

Subject to any limitations in this document, my health care agent has the authority to do all of the following:

- a) Request, review, and receive any information, oral or written, regarding my physical or mental health, including medical and hospital records.
- b) Execute on my behalf any documents that may be required in order to obtain this information.
- c) Consent to the disclosure of this information.

(The principal and the witnesses all must sign the document at the same time.)

SIGNATURE OF PRINCIPAL

(Person creating the Power of Attorney for Health Care)

Signature _____ Date _____

(The signing of this document by the principal revokes all previous powers of attorney for health care documents.)

STATEMENT OF WITNESSES

I know the principal personally and I believe him or her to be of sound mind and at least 18 years of age. I believe that his or her execution of this power of attorney for health care is voluntary. I am at least 18 years of age, am not related to the principal by blood, marriage, domestic partnership, or adoption, and am not directly financially responsible for the principal's health care. I am not a health care provider who is serving the principal at this time, an employee of the health care provider, other than a chaplain or a social worker, or an employee, other than a chaplain or a social worker, of an inpatient health care facility in which the declarant is a patient. I am not the principal's health care agent. To the best of my knowledge, I am not entitled to and do not have a claim on the principal's estate.

Witness Number 1

(Print) Name _____ Date _____

Address _____

Signature _____

Witness Number 2

(Print) Name _____ Date _____

Address _____

Signature _____

Clear/Reset Entire Form

STATEMENT OF HEALTH CARE AGENT AND ALTERNATE HEALTH CARE AGENT

I understand that _____ (name of principal) has designated me to be his or her health care agent or alternate health care agent if he or she is ever found to have incapacity and unable to make health care decisions himself or herself

_____ (name of principal)

has discussed his or her desires regarding health care decisions with me.

Agent's Signature _____

Address _____

Alternate's Signature _____

Address _____

Failure to execute a power of attorney for health care document under chapter 155 of the Wisconsin Statutes creates no presumption about the intent of any individual with regard to his or her health care decisions. This power of attorney for health care is executed as provided in chapter 155 of the Wisconsin Statutes.

ANATOMICAL GIFTS (optional)

Upon my death:

I wish to donate only the following organs or parts: (specify the organs or parts).

I wish to donate any needed organ or part.

I wish to donate my body for anatomical study if needed.

I refuse to make an anatomical gift. (If this revokes a prior commitment that I have made to make an anatomical gift to a designated donee, I will attempt to notify the donee to which or to whom I agreed to donate.)

Failing to check any of the lines immediately above creates no presumption about my desire to make or refuse to make an anatomical gift.

Signature _____ Date _____

Milwaukee Alternate Care Facility Social Media Policy

I. PURPOSE.

The purpose of this policy is to provide guidelines and limit the use of social media relating to the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") in order to protect patient and ACF Staff dignity and privacy.

II. DEFINITIONS.

- A.** "**Social media**" means internet-based communication tools with a focus on interactivity, user participation, and information sharing. These include social networking sites, forums, blogs, online chat sites, and video/photo posting sites or any other similar output or format, including, but not limited to Facebook, Twitter, LinkedIn, YouTube, Instagram, Snapchat, and Google+. Social media technologies continue to expand and change. To this end, this policy shall be read as an evolving policy, encompassing all mediums of human interface and interaction.
- B.** "**Staff**" or "**ACF Staff**" means all licensed and unlicensed individuals working at and for the ACF, including without limitation employees, physicians, non-physician practitioners, volunteers, and temporary and contracted staff.

III. POLICY.

- A. General Prohibition.** The misuse of social media regarding the ACF or patients may result in privacy, safety, compliance, and misconduct concerns and violations. Accordingly, it is the ACF's policy to prohibit access to social media for personal use during work hours and prohibit the use of the ACF's equipment to access or participate in social media sites for personal use. The ACF Staff are responsible for ethical and professional conduct and are solely responsible for what they post online. Social media content should NEVER include information that can be used to identify individual patients or their medical information.
1. ACF Staff are STRICTLY PROHIBITED from sharing or disclosing patient health information on personal or professional social media sites or through social media applications, even if such information is shared or disclosed only to other ACF Staff.
 2. Taking a photo, video, or audio recording of a patient and sharing or disclosing it through a personal device application or on social media may be a violation of state privacy laws, as well as a violation of the patient's rights. This action may result in disciplinary consequences and potential reporting, depending on the circumstances. Examples of potential violations of patient rights include:
 - a. Posting a photo or video to Facebook that includes personal and identifying characteristics of a patient.

- b. Sending or posting a photo through Snapchat or Instagram that includes any parts of a patient's body.
 - c. Having an image or video of a patient (or a patient's image or records or information) in Snapchat storage or device camera storage without the patient's written consent and knowledge.
3. ACF Staff shall not discuss or disclose confidential and/or proprietary ACF information via social media to anyone, including, but not limited to all entities and individuals (including other ACF Staff members) that have a relationship with the ACF.

IV. SOCIAL MEDIA GUIDELINES.

A. Social Media "Do"s. With respect to social media communications, posts, and content, ACF Staff **shall**:

- 1. *Think twice before posting anything that could be imputed to the ACF.* Privacy does not exist in the world of social media. ACF Staff should consider what could happen if a post becomes widely known and how that may reflect on them and the ACF. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If ACF Staff are unsure about posting something or responding to a comment, they are directed to seek advice from their supervisor.
- 2. *Be authentic and transparent.* Where an ACF Staff member's connection to the ACF is apparent, he/she shall ensure that it is clear that he/she is speaking for himself/herself personally.
- 3. *Be consistent with the ACF's standards.* If ACF Staff identify their affiliation with the ACF, their social media activities should be consistent with the ACF's standards and professional conduct.
- 4. *Be professional and honest.* ACF Staff must be professional, use good judgment and be accurate and honest in their communications; errors, omissions or unprofessional language or behavior reflect poorly on the ACF and may result in liability for ACF Staff or the ACF. Be respectful and professional to fellow ACF Staff, business partners, and patients.

B. Social Media "Don't"s. With respect to social media communications, posts, and content, ACF Staff **shall not**:

- 1. *Share or disclose patient information.* Under no circumstances may patient information be shared or disclosed via social media, as explained above.
- 2. *Share or disclose images of other ACF Staff in the course of ACF business.* ACF Staff shall not capture images, video and/or audio of other ACF Staff or invitees (e.g., physicians, visitors, personnel, technicians, etc.) unless expressly authorized by the ACF.

3. *Share confidential or proprietary information.* ACF Staff shall not disclose the ACF's intellectual property, trade secrets, or patient/customer/employee/contractor data. This includes the use of any ACF service mark in a social media context, as well as information pertaining to the ACF's physical plant security measures, network security, personnel identification, or other detailed operational data concerning any ACF operations, facilities, or personnel.
4. *Harass, libel, slander or embarrass anyone.* Posting complaints, criticism, statements, photographs, video, or audio that can be viewed as malicious, obscene, threatening, disrespectful or intimidating, or that disparages ACF patients, Staff, vendors, or suppliers, or that constitute harassment or bullying, is prohibited.
5. *"Friend" patients.* The ACF strongly discourages "friending" of patients on social media websites. ACF Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as a situation where an in-person friendship predates the treatment relationship.
6. *"Friend" subordinates.* The ACF strongly discourages ACF Staff in management/supervisory roles from initiating "friend" requests with ACF Staff they manage. Managers/supervisors may accept friend requests if initiated by the subordinate ACF Staff member and if the manager/supervisor does not believe it will negatively impact the working relationship.
7. *Imply endorsements on behalf of the ACF.* The ACF does not endorse people, products, services, or organizations. For personal social media accounts where ACF Staff connection to the ACF is apparent, ACF Staff should be careful to avoid implying that an endorsement of a person or product is on behalf of the ACF, rather than a personal endorsement. For example, LinkedIn users may endorse individuals or companies, but may not reference the ACF in connection with the endorsement, state or imply that the endorsement is on behalf of the ACF, or state specifically that the endorsement is based on work done at the ACF.

Milwaukee Alternate Care Facility Security Policy

I. PURPOSE.

To ensure the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") has a safe and secure facility.

II. POLICY.

The ACF is committed to providing a safe and secure environment for patients, visitors, and staff. This policy sets forth guidelines for staff and security to follow to ensure their safety in the workplace.

This policy applies to all ACF staff including, without limitation, employees, physicians, non-physician practitioners, volunteers, and temporary and contracted staff (collectively "ACF Staff").

III. PROCEDURE.

- A.** The ACF will have in place a security system with appropriate alarms and mechanisms for communicating with appropriate first responders (police, fire, etc.) ACF Staff will be provided with training on the security system.
- B.** The ACF will arrange for security personnel to be present or available at all times (the "ACF Security") and will arrange for a method of immediate contact when security incidents arise at the ACF.
- C.** ACF Staff shall enter through the staff entrance and check-in with ACF Security (or designee) upon arrival. ACF Staff will be required to show identification. No unidentified or unauthorized individuals will be allowed entry to the ACF.
- D.** When unable to verify the identity of a vendor or other individual requesting access to ACF, ACF Staff should not allow access unless entry is approved by ACF Security (or designee).
- E.** If ACF Staff believes that an unauthorized person is on the ACF premises, or otherwise suspects that a security incident may have occurred, or feels in any way unsafe or threatened, ACF Staff will immediately contact ACF Security. Upon being contacted, ACF Security shall immediately assess the situation and either resolve the issue or call local law enforcement, disclosing the minimum amount of protected health information possible.
- F.** In cases where ACF Staff believes that there is the possibility of immediate harm to a person or to ACF property, ACF Staff will call 911, disclosing the minimum amount of protected health information possible, and then call ACF Security.
- G.** Any complaints regarding the conduct or behavior of ACF Security will be addressed according to the Staff Code of Conduct Policy.

Milwaukee Alternate Care Facility Patient Personal Effects and Valuables Policy

I. PURPOSE.

The purpose of this policy is to provide guidelines for management of personal items belonging to patients at the Milwaukee Alternate Care Facility, located at State Fair Park (the “ACF”).

II. DEFINITIONS.

- A. “Personal Effects”** Personal Effects include articles which patients may wish to keep in their room and use on a daily basis.
- B. “Valuables”** Valuables include cash, jewelry, credit cards, passports, important papers, or anything of particular value to patients or their families.

III. POLICY.

- A.** Patients will be discouraged from bringing Valuables to the ACF. Upon arrival at the ACF, patients will be informed that the patient is fully responsible for any and all Personal Effects and Valuables and that the ACF is not responsible for replacing lost or misplaced Personal Effects or Valuables.
- B.** The ACF may, at the patient's request and upon obtaining the patient's written consent and acknowledgment, store Valuables in a designated secure area in the ACF with limited access to authorized ACF personnel only.
- C.** Valuables that are secured by the ACF should be clearly labeled with the patient's name. The patient will be given a written summary of the secured Valuable, the date and time it was stored, where and how it is being secured, and any other pertinent information. Each stored Valuable will be “checked in” and “checked out” on a log. A copy of the written summary will be signed by the patient and maintained by the ACF.
- D.** At the time of discharge from the ACF, all Valuables will be returned to the patient and the patient will sign an acknowledgement that all Valuables have been received.
- E.** If a patient is transferred from the ACF to another facility, the patient's Personal Effects and any stored Valuables will be bagged, dated, itemized (including location where item(s) were located), and transferred with the patient.
- F.** If Personal Effects or Valuables are found on the ACF premises after a patient is transferred or discharged, the items will be bagged, dated, itemized (including location where item(s) were found) and placed in a secure location within the ACF. ACF Staff will attempt to contact the patient to return the belongings. Items will be stored until the patient or the patient's next of kin are able to return to collect the belongings.
- G.** If any Personal Effects or Valuables remain at the time of the ACF's closure, an attempt will be made to ship the items to the patient.

Milwaukee Alternate Care Facility Orders Policy

I. PURPOSE.

The purpose of this policy is to provide standards for creating, receiving and implementing orders related to patient care in the Milwaukee Alternate Care Facility (the "ACF").

II. POLICY.

A. General Principles.

1. Documentation of Orders. Each patient's health care record shall reflect practitioner orders setting forth the plan of care or portions thereof. Such orders will be promptly authenticated by the ordering practitioner.
2. Scope of Practice.
 - a. Each practitioner shall issue orders only within his or her qualifications, training and experience, as well as applicable law, including, without limitation, any expanded scope of practice that is applicable in response to the COVID-19 public health emergency.
 - b. Advanced Practice Nurse Prescribers ("APNPs") and Physician Assistants ("PAs") will work in accordance with their applicable scope or practice and may issue orders for prescriptions, treatment, therapeutics, and testing appropriate to their area of competence as established by their experience, education, training, or capabilities. Neither APNPs nor PAs may issue prescription orders for any schedule I controlled substances nor may they prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance to or for any purpose with limited exceptions.

B. Standing Orders and Protocols.

1. Applicability. Standing orders and protocols for the ACF may be approved by the Chief Medical Officer or Chief Nursing Officer, as applicable, for the purpose of expediting and streamlining the delivery of patient care when the patient meets predetermined clinical criteria.
2. Implementation. Standing orders and protocols may be implemented by ACF Staff within the scope of the applicable policy and the ACF Staff's qualifications, and shall be documented by that ACF Staff member in the patient's health care record.

C. Verbal Orders.

1. Applicability. Verbal orders (orders communicated by the ordering practitioner prior to being recorded or electronically issued) are limited to those situations in which it is not practical to obtain a written or electronic order.
2. Clarification. The ACF Staff member receiving a verbal order shall read it back to the ordering practitioner to ensure that it was clearly understood. The ordering practitioner shall remain available to clarify the verbal order until it is clear that the ACF Staff member clearly understands the order.
3. Signature and Countersignature. The ACF Staff member receiving the verbal order shall clearly document it in the patient's health care record, noting that it was received as a verbal order and including the name of the ordering practitioner, as well as the date and time that the order was received and implemented. The ordering practitioner (or an appropriate designee) shall countersign the order as soon as possible but no later than forty-eight (48) hours after it is implemented.

Milwaukee Alternate Care Facility Language Interpreter Policy

I. PURPOSE.

To ensure that patients at Milwaukee Alternate Care Facility (the "ACF") are able to provide and receive information in a language which they understand.

II. POLICY.

The ACF is committed to providing an effective exchange of information between ACF staff and its patients and therefore will seek to identify patients/patient representatives who have language access needs and work with them to arrange interpreter services. This policy also provides for communication of information contained in vital documents, including, but not limited to waivers of rights, consent to treatment forms, financial and insurance benefit forms.

This policy applies to all ACF staff including, without limitation, employees, physicians, non-physician practitioners, volunteers, and temporary and contracted staff (collectively, the "ACF Staff").

III. PROCEDURE.

- A.** ACF Staff will conduct an initial review of the language access needs of each patient or, if applicable, the patient's representative at admission to the ACF or as soon as possible thereafter. If a patient or the patient's representative expresses a need for services of an interpreter, or if ACF Staff believes that a patient or the patient's representative is in need of interpreter services, ACF Staff will initiate interpreter services.
- B.** Interpreter services are provided via telephone or video call with LanguageLine Solutions. When ACF Staff recognizes a need for interpreter services, ACF Staff will obtain a phone with the LanguageLine application. The application should be downloaded on ACF phones before patient arrival following the procedures described in Exhibit A. ACF Staff will then set up a call with the interpreter following the procedures described in the ACF Operations Manual, attached hereto as Exhibit B.
- C.** After communication with the interpreter has been established, the ACF Staff will meet with the patient or patient's representative to inform them, via the interpreter, that they have the right to use an interpreter for both oral discussions with ACF Staff and written translations of forms and records.
- D.** If the patient does not wish to use an interpreter, the patient or patient's representative may choose to rely on an adult family member or friend ("Related Party"), but only if: (i) there is a safe and secure means of communication with the Related Party; (ii) the patient has been informed of the option to have the ACF Staff arrange interpreter services without charge to the patient; and (iii) the Related Party is deemed competent by the ACF Staff. If ACF Staff deems any of these three requirements are not met, interpreter services will be used for communications with the patient or patient's representative.

Language Interpreter Policy

Exhibit A: LanguageLine Activation Instructions

LanguageLine On Demand Mobile Interpreting

LanguageLine Solutions®

Smartphone Activation Instructions

Accessing LanguageLine Solutions® professional interpreters through our application is quick and easy. Simply download the iPhone® application from the App Store® or download our Android™ application from the Google Play™ store, then complete a one-time device authentication.

iPhone Instructions

1. DOWNLOAD THE APP

- On your **iPhone** tap the App Store icon and search for "LanguageLine" or "LanguageLine InSight", then tap "Get" and "Install" to download.
- After download is complete, tap the "Interpreters" icon and follow the screen prompts to complete the one-time authentication of your device.



2. AUTHENTICATE DEVICE TO ACTIVATE

- Enter Authorization Code: **J4WW8XW6W7** (not case sensitive).
- Enter Device Name: _____ (15 digit maximum).
- Tap **"Activate Device"** and then tap **"OK"** two times to allow the application to access your microphone and camera.

Android Instructions

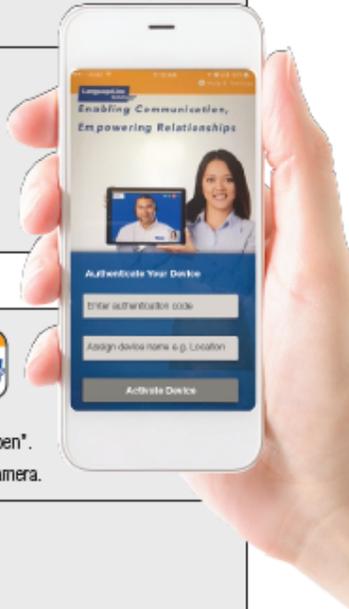
1. DOWNLOAD THE APP

- On your **Android device** tap the Google Play store icon and search for "LanguageLine" or "LanguageLine InSight", tap the "Interpreters" icon, tap "Install", then tap "Open".
- Tap **"OK"**, then tap **"Allow"** twice to allow the application to access your microphone and camera.



2. AUTHENTICATE DEVICE TO ACTIVATE

- Enter Authorization Code: **J4WW8XW6W7** (not case sensitive).
- Enter Device Name: _____ (15 digit maximum).
- Tap **"Activate Device"** to complete one-time activation.



TRAINING VIDEO - Watch this short training video to learn how to use InSight Video Interpreting:
<https://www.languageLine.com/hubfs/Video/LanguageLine-InSight-Enterprise.mp4>

TIPS

- Introduce yourself and explain the situation to the interpreter.
- Speak slowly in short sentences.
- Allow the interpreter time to interpret.
- Check for understanding.

SUPPORT

- For 24/7 technical support, please call 1 (844) 373-1951
- Questions? Contact your LanguageLine Account Executive or CustomerCare@LanguageLine.com or call 1 (800) 752-6096.

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Enabling Communication in Any Situation.™ www.LanguageLine.com 

Language Interpreter Policy Exhibit B: Telephonic Interpreter Services

Telephonic Interpreter Services

Customer Service: PO# 000000098

1-800-752-6096

How to access an interpreter when face-to-face With patients, their family members and/or support person.	
ACCESS AN OVER-THE-PHONE INTERPRETER For spoken languages from any phone including landlines and smartphones.	ACCESS A VIDEO/AUDIO INTERPRETER For spoken languages and American Sign Language via tablets or smartphones.
<ol style="list-style-type: none"> Dial: 1-866-874-3972; Input Client ID 536649 	<ol style="list-style-type: none"> Access Interpreter: Tap Icon 
<ol style="list-style-type: none"> Select: Language needed 	<ol style="list-style-type: none"> Select Language: scroll to find language or search by language/ country

How to access an interpreter for a 3-way phone call (including international calls)
WHEN YOU NEED TO INITIATE A CALL
<ol style="list-style-type: none"> Call the interpreter first, following the “Access an over-the-phone interpreter” instructions above. Let the interpreter know that you need him/her to call the limited English individual, give the interpreter the phone number to call (including international country code). The interpreter will place you on hold and call the number provided, then bring you back to the line.
WHEN YOU RECEIVE A CALL
<ol style="list-style-type: none"> Tell the individual, “Please hold” most likely the individual will state language needed. Press the conference feature/button on the phone. Call the interpreter following the “Access an over-the-phone interpreter” instructions above.

IMPORTANT INFORMATION

WORKING WITH AN INTERPRETER – At the beginning of the call, briefly tell the interpreter the nature of the call. Speak directly to the limited English proficient individual, not to the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.

LANGUAGELINE DUAL HANDSET PHONE – If you have a LanguageLine Dual handset phone, lift the handset and press the pre-programmed button to dial, then follow the prompts. Once connected to an interpreter, give the second handset to the limited English proficient individual.

CUSTOMER SERVICE – To provide feedback, commend an interpreter, or report any service concerns, call 1-800-752-6096 or go to www.LanguageLine.com.

Milwaukee Alternate Care Facility Disruptive Patient or Visitor Behavior Policy

I. PURPOSE.

To establish minimum parameters of conduct for patients (and visitors, where allowed) at the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF").

II. POLICY.

The ACF is committed to providing a safe environment for patients, visitors, and staff. This policy sets forth guidelines for handling patients, visitors, and ACF Staff who engage in disruptive behavior.

III. DEFINITIONS.

- A. **"ACF Premises"** The portions of the State Fair Grounds that house the ACF, including the buildings, facilities, and parking lots used by ACF Staff or patients.
- B. **"ACF Security"** Security personnel on-site at the ACF.
- C. **"ACF Staff"** All licensed and unlicensed individuals working at the ACF, including and without limitation, employees, physicians, non-physician practitioners, volunteers, and temporary and contracted staff.
- D. **"Care Team"** Clinicians at the ACF who provide services to patients.
- E. **"Disruptive Behavior"** Disruptive Behavior means any inappropriate behavior potentially threatening the safety or wellbeing of other patients, visitors, or staff. Examples of disruptive behavior include but are not limited to:
 - 1. Intimidating, aggressive, threatening, or dangerous behavior that may pose a threat to the health or safety of others.
 - 2. Behavior that interferes with the delivery of medical care to other ACF patients.
 - 3. Behavior that impedes the operations of the ACF.
 - 4. Verbal abuse such as name-calling, racial or ethnic epithets, sexual harassment, loud or profane language.
 - 5. Direct or indirect physical threats or abuse (e.g. bumping, shoving, slapping, striking, or inappropriate touching).
 - 6. Possession or brandishing of weapons or illegal substances.
 - 7. Refusal to comply with medical protocols or ACF rules, such as violating isolation or distancing protocols.
 - 8. Possession or the use of illegal drugs/substances on the ACF premises.

- F. “Disruptive Person”** Any person on the ACF Premises who is exhibiting Disruptive Behavior.

IV. PROCEDURE.

- A. General.** Per the Security Policy, ACF Security will be on-site at the ACF at all times. ACF Security shall be trained in dealing with Disruptive Persons. ACF Security will be immediately available to each staffed nursing station should someone exhibit Disruptive Behavior. Disruptive Behavior will be a basis for removing the Disruptive Person from the ACF Premises.

B. Patients.

1. If a patient exhibits Disruptive Behavior, ACF Staff will attempt to de-escalate the situation through verbal intervention and through informing the patient that such conduct is unacceptable.
2. If ACF Staff is unable to manage the situation independently, ACF Staff shall contact ACF Security. ACF Security shall promptly respond and attempt to de-escalate the situation.
3. A patient who exhibits Disruptive Behavior may be asked to leave the ACF Premises following consultation between ACF Security and the patient’s Care Team. Where asking the patient to leave is determined to be inadvisable by the patient’s Care Team, ACF Security will not do so. When a patient is asked to leave the ACF Premises, ACF Staff must facilitate a safe transfer of the patient to an appropriate location, such as the referring facility, the patient’s home, or other appropriate location in accordance with the patient’s clinical condition and treatment plan.

C. Visitors.

1. If a visitor exhibits Disruptive Behavior, ACF Staff will attempt to de-escalate the situation through verbal intervention and through informing the visitor that such conduct is unacceptable.
2. If ACF Staff is unable to manage the situation independently, ACF Staff shall contact ACF Security. ACF Security shall promptly respond and attempt to de-escalate the situation.
3. ACF Security shall ask the visitor exhibiting Disruptive Behavior to leave the ACF Premises. If the visitor refuses to leave, ACF Security will contact law enforcement to have the visitor removed.

Milwaukee Alternate Care Facility Post-Mortem Policy

I. PURPOSE.

To establish guidelines to be followed when a patient at the Milwaukee Alternate Care Facility located at State Fair Park (“ACF”) is pronounced deceased as a result of complications of COVID-19 or for any other reason.

II. POLICY.

Because patients at the ACF will have suspected or confirmed COVID-19, additional precautions must be taken when managing deceased individuals. This policy is intended to balance the importance of protecting ACF Staff with preserving the dignity and preferences of the deceased individual and his or her family.

III. PROCEDURE.

A. Certifying and Documenting the Patient’s Death.

1. If any ACF provider suspects that a patient has expired (e.g. is pulseless or does not appear to be breathing), the attending physician should be notified immediately according to the ACF Patient Decompensation Protocol. The physician will check the patient’s DNR status in the patient’s chart.
2. A physician shall be responsible for confirming and pronouncing the patient’s death and time of death for patients who expire in the ACF, and will ensure that the death is clearly and appropriately documented in the patient’s medical record.
3. The physician who pronounced the patient’s death will sign the death certificate.

B. Post-Mortem Management of Deceased Individuals.

1. Personnel at the ACF should take the following steps while processing a deceased individual:
2. Take standard precautions including hand hygiene, before and after interaction with the body and the environment.
3. Use appropriate Personal Protective Equipment (“PPE”) according to the level of interaction with the body, including gown, gloves and mask at a minimum.
4. Prepare the body for transfer, including removal of all lines, catheters and other tubes.
5. Ensure that any body fluids leaking from orifices are contained.
6. Keep both the movement and handling of the body to a minimum.

7. Wrap body in cloth and transfer it as soon as possible to the ACFs secure refrigerated unit. There is no need to disinfect the body before transfer to the refrigerated unit. Body bags are not necessary, but should be used if possible. Body bags may also be used for other reasons, such as excessive body fluid leakage.
8. Gather and place belongings in designated container and place in body bag or otherwise attach to the body.

C. Death Reporting and Notification.

1. If the patient's death was a result of COVID-19 (or another communicable disease), ACF will promptly notify the local health officer, pursuant to Wis. Stat. s. 252.05(1).
2. If the patient's death occurred under any suspicious circumstances, ACF Staff will promptly notify police.
3. A physician must notify the patient's family and the referring facility of the death as soon as practicable. ACF Staff will assist family in notifying appropriate funeral director or other appropriate mechanism for transport. The family will not be permitted to come onsite at the ACF.
4. If no family or other responsible persons can be identified, the ACF will notify the appropriate medical examiner or coroner's office of the patient's death. The body should be kept in the ACF's secure refrigerated unit until it can be retrieved for final disposition.

D. Environmental Cleaning and Control.

1. The patient's room or other location within the ACF should be thoroughly disinfected using approved disinfectants.
2. Waste from the site of death should be handled in accordance with the ACF's Medical Waste Policy.
3. Cleaning and waste management staff should wear appropriate PPE, including a surgical mask, gloves, goggles or a face shield and a gown.

Milwaukee Alternate Care Facility Medical Waste Policy

I. PURPOSE.

To establish guidelines to be followed for the disposal of waste generated in the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF").

II. POLICY.

The ACF will treat patients with suspected or confirmed Coronavirus 2019 ("COVID-19"), an infectious disease. The U.S. Centers for Disease Control recommends routine management and disposal of healthcare waste from patients with confirmed or suspected COVID-19. As a result, the ACF will safely dispose of medical waste pursuant to Wisconsin Administrative Code Chapter NR 526.

III. PROCEDURE.

A. Initial Management of Medical Waste.

1. All waste generated from ACF patients ("Medical Waste") will be considered infectious and will be managed accordingly. Medical Waste will be separated, handled, stored and disposed of separately from other waste.
2. Medical Waste will be placed in a single red plastic bag that meets or exceeds 165 grams of resistance and is tear resistant, or a double bag that meets the same standards or a rigid reusable container.
3. The bag or rigid reusable container shall be securely sealed to prevent leakage or expulsion of the contents under normal handling.
4. Any bag containing Medical Waste shall be placed in a rigid container ("Container") and labeled with a visible bio-hazard emblem and the word "biohazard." Bulk Containers will be small enough to be handled by a single person. The waste once in the Containers is referred to herein as "Contained Medical Waste."

B. Handling Contained Medical Waste. The following requirements apply to management of Contained Medical Waste:

1. Once sealed and labeled, Containers will not be reopened by ACF Staff.
2. Contained Medical Waste will be managed carefully to avoid damaging Containers or spilling the contents.
3. All Medical Waste is to be carefully handled by avoiding direct contact with items. Medical Waste should never be compressed with the hand.
4. Untreated Medical Waste may not be compacted.

5. ACF Staff handling Medical Waste or Contained Medical Waste will wear appropriate personal protective equipment (“PPE”) when handling the waste.
6. Prior to and after handling the Medical Waste, ACF Staff will exercise appropriate hand hygiene.

C. Storage and Disposal of Contained Medical Waste.

1. Qualified Disposal Service. The ACF will arrange for a qualified disposal service to collect the Contained Medical Waste at regular intervals.
2. Storage Parameters: The Contained Medical Waste storage area will meet the following requirements:
 - a. The storage area will be kept clean.
 - b. Surface areas and floors will be impermeable to liquids.
 - c. Storage area should be in an enclosed space so Medical Waste is not exposed to weather.
 - d. No other containers or items may be stored in the storage area for Contained Medical Waste.
 - e. Access to the storage area shall be limited to authorized personnel.
 - f. Contained Medical Waste will be released only to the qualified disposal service.

D. Recordkeeping.

1. Content of Records. The records will include:
 - a. A log identifying the number of Containers being stored and sent offsite.
 - b. Certificates of destruction or treatment from the qualified disposal service.
2. Record Retention. Record of Medical Waste will be maintained for a period of five (5) years.
3. Reporting. The ACF will submit report to the Wisconsin Department of Natural Resources on a form supplied by the Department together with the annual filing fee annually or upon decommission of the ACF.

Milwaukee Alternate Care Facility Staff Code of Conduct

I. POLICY.

All Alternate Care Facility staff members ("ACF Staff") must treat each other, patients and all others with respect, courtesy, and dignity and must conduct themselves in a professional and cooperative manner.

The ACF is managed by a leadership team consisting of a Chief Executive Officer, Chief Operating Officer, Chief Human Resources Officer, Chief Medical Officer, and Chief Nursing Officer ("ACF Leadership"). ACF Leadership will make collegial and educational efforts to resolve any conduct that does not meet professional standards or otherwise violates this policy, and will where necessary take disciplinary action.

II. INAPPROPRIATE CONDUCT IS PROHIBITED

ACF Leadership will not tolerate inappropriate conduct by ACF Staff toward any person including but not limited to other ACF Staff members or patients. Examples of "inappropriate conduct" include, but are not limited to:

- A.** Abuse or neglect of a patient or misappropriation of property;
- B.** Threatening or abusive language;
- C.** Degrading or demeaning comments;
- D.** Racist, sexist or sexual comments;
- E.** Profanity or similarly offensive language;
- F.** Inappropriate physical contact with another individual that is threatening or intimidating;
- G.** Inappropriate medical record entries including those that are critical of patients or ACF Staff;
- H.** Refusal or unwillingness to work cooperatively and harmoniously with others;
- I.** "Sexual harassment", which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to:
 - 1. Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - 2. Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures, leering, and/or obscene gestures;
 - 3. Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and

4. Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.
- J. "Theft", which is defined as taking or diverting any item, supply or anything of value from the ACF or taking personal property from anyone at the ACF without authorization.

III. GENERAL GUIDELINES/PRINCIPLES

In the event that ACF Staff do not respond to collegial or educational intervention designed to encourage voluntary compliance with this policy, the Chief Human Resources Officer will be notified and will manage the issue in accordance with applicable ACF policies.

This policy encourages progressive steps to deal with inappropriate conduct. However, there may be a single incident of inappropriate conduct, or a continuation of conduct, that is so unacceptable as to make such steps inappropriate and that requires immediate disciplinary action up to and including termination of employment and/or removal from the ACF premises.

IV. WHO MAY REPORT A CONCERN ABOUT ACF STAFF CONDUCT

- A. Patient Reports: If a patient raises a concern to any ACF Staff member, that ACF Staff member will facilitate the elevation of that concern to ACF Leadership, in a manner consistent with this policy.
- B. ACF Staff Reports: If any ACF Staff member observes another ACF Staff member exhibiting inappropriate conduct or otherwise acting in a manner that is inconsistent with this policy, or is subjected to inappropriate conduct by another ACF Staff member, the ACF Staff member will report the concern in accordance with this policy.

V. PROCEDURE FOR REPORTING A CONCERN

- A. Report to Supervisor: An ACF Staff member reporting a concern under this policy shall make that report to his or her supervisor, unless it is the supervisor's conduct at issue, in which case the ACF Staff member shall report to a member of the ACF Leadership.
- B. Report to Chief Human Resources Officer: Any supervisor notified under this policy of a direct report's alleged inappropriate conduct shall consult with the Chief Human Resources Officer or Chief Medical Officer (as appropriate) to determine appropriate intervention or consequences. The Chief Human Resources Officer may involve other ACF Leadership as appropriate. The Chief Human Resources Officer may require the supervisor or the ACF Staff member to document the report in writing.

VI. COLLEGIAL INTERVENTION

Unless immediate disciplinary action is warranted, the following collegial steps will be attempted:

- A.** Initial Meeting: The Chief Human Resources Officer together with the reporting supervisor and/or other appropriate members of ACF Leadership shall meet with the ACF Staff member alleged to have engaged in inappropriate conduct under the policy. The goals of this meeting will be to identify the alleged conduct, understand the ACF Staff member's version of events, and evaluate whether the ACF Staff member is willing to voluntarily address the problem. The identity of the individual reporting a complaint of inappropriate conduct will generally not be disclosed to the ACF Staff member in question. If the identity is disclosed or otherwise known to the ACF Staff member, the ACF Staff member will be counseled on the serious consequences of any retaliation or confrontation of the reporter.
- B.** Follow Up Action: Appropriate follow up action, if needed beyond the initial meeting, will be determined in the discretion of the Chief Human Resources Officer together with other appropriate members of ACF Leadership and may include, but is not limited to:
1. A behavioral contract;
 2. A meeting or series of meetings to provide education and counseling;
 3. A letter of warning or reprimand; and
 4. Elevation to discipline under applicable ACF policies.

Milwaukee Alternate Care Facility Medical Record Confidentiality Policy

I. PURPOSE.

The purpose of this Medical Record and Documentation Policy is to provide guidance for the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") regarding the necessary information to be included in patient medical records, as well as the confidentiality and maintenance of such records.

II. SCOPE OF MEDICAL RECORDS.

- A.** The ACF will maintain a separate record for each ACF patient "Medical Record", documenting the services, medications or supplies received in connection with treatment at the ACF, as well as admission, transfer and discharge information.
- B.** The Medical Record may consist of several components, which may be in part maintained on paper, as well as the following electronic systems:
 - 1. Provider Notes. The physician or other practitioner overseeing the patient's care, as well as other consulting or treating providers for that patient will create a Medical Record in the "Canto" system.
 - 2. Nursing Notes. The nurses caring for any given patient will create a Medical Record in the "Rover" system.

III. POLICY.

- A. Applicable Regulations.** The ACF is not a covered entity under the Health Insurance Portability and Accountability Act ("HIPAA") and the regulations implemented under HIPAA do not apply. The ACF maintains a minimal record of the limited scope of care provided, which will be in accordance with applicable Wisconsin law.
- B. Minimum Requirements for Medical Record Documentation.** The Medical Record will include documentation of each patient's assessment, diagnosis, treatment, and discharge or transfer information. Medical Records shall be completed and authenticated in a timely manner. Each patient's Medical Record shall include at least the following information, as applicable:
 - 1. Patient demographic information including patient name, date of birth, gender, guardian/representative name, emergency contact name and telephone number, patient identifier, known allergies, and primary care practitioner name and contact information.
 - 2. The history of the patient as clinically necessary, including but not limited to temperature, pulse, respiratory rate, blood pressure, special dietary needs, pregnancy status.

3. Physical exam report including information relative to the assessment and any reassessment of the patient's cardiovascular, pulmonary and other body systems.
4. Orders and progress notes made by the physician, and when applicable, other non-physician practitioners.
5. Documentation related to patient transfer.
6. Discharge status and follow up care, including instructions and prescription for medications.

C. Confidentiality of Medical Records. All patient Medical Records maintained by the ACF are confidential in accordance with Wis. Stat. § 146.82. Medical Records may be released only as provided below or to other persons with the informed consent of the patient or of a person authorized by the patient. For the purposes of this policy, "Person authorized by the patient" means the guardian of a patient adjudicated incompetent by the state, the personal representative, spouse or domestic partner of a deceased patient, any person authorized in writing by the patient or a health care agent designated by the patient as a principal if the patient has been found to be incapacitated, except as limited by the power of attorney for health care instrument. If no spouse or domestic partner survives a deceased patient, "person authorized by the patient" also means an adult member of the deceased patient's immediate family (i.e., children, parents, grandparents, brothers and sisters of the patient and their spouses). A court may appoint a temporary guardian for a patient believed incompetent to consent to the release of records under this section as the person authorized by the patient to decide upon the release of records if no guardian has been appointed for the patient.

1. Release Without Informed Consent. Medical Records may be released upon request without informed consent in the following circumstances:
 - a. To ACF Staff committees or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, or health care services reviews.
 - b. For treatment or continuity of care.
 - c. Under a lawful order of a court of record.
 - d. In response to a written request by any federal or state governmental agency to perform a legally authorized function.
 - e. For mandatory or permissive reporting under Wisconsin or federal law.
 - f. Following the death of a patient, to a medical examiner or medical examiner's assistant, for the purpose of completing a medical certificate or investigating a death. Such release may be made

without receiving a request for the medical examiner or his/her assistant.

- g. As otherwise lawfully permitted under Wisconsin Statutes § 146.82(2)

2. Disclosure to Family or Friends. The ACF Staff may disclose a limited amount of information (but not a copy of the records) in the following circumstances:

- a. With the patient's consent or approval.
- b. To a family member or close friend involved in the patient's care, absent the patient's objection.
- c. In an emergency if the patient is unable to communicate.
- d. A brief statement of the patient's condition or location in response to an inquiry of the patient by name.

3. Access to Patient Medical Records. Any patient or person authorized by the patient may, upon submitting a statement of informed consent, receive a copy of the patient's Medical Record. The ACF shall keep a log of the time and date of each request by a patient or person authorized by the patient to inspect the patient's Medical Record, the name of the inspecting person, the time and date of inspection and identify the records released for inspection.

4. Mandatory Reporting. This policy shall not be read to prevent the ACF or health care providers practicing within the ACF from complying with state and federal mandatory reporting requirements, such as communicable disease reporting under Wis. Stat. ch. 252 and Wis. Admin. Code ch. DHS 145. Information released for the purposes of complying with reporting requirements shall be limited to the minimum necessary.

D. Medical Record Retention. The ACF will make arrangements to retain copies of each patient's Medical Record for a period of ten (10) years and then will arrange for safe and secure disposal of the Medical Records.

Milwaukee Alternate Care Facility Patient Visitation Policy

I. PURPOSE.

The purpose of this Patient Visitation Policy is to provide guidance for the Milwaukee Alternate Care Facility located at State Fair Park (the "ACF") on the management and restriction of visitors to reduce the risk of transmission of Coronavirus 2019 ("COVID-19") to other visitors, staff, and the public.

II. POLICY.

- A. Applicability.** The term "patient" is used to describe individuals receiving care at the ACF although the ACF is not a licensed or traditional entity. The ACF is intended to provide services to individuals who have tested positive for COVID-19 or otherwise meet COVID-19 criteria, in an effort to accommodate hospitals at capacity.
- B. Visitors Prohibited.** Due to the infectious nature of the patients at the ACF, the highly communicable nature of COVID-19, and for the safety and protection of Patients and ACF Staff, patient visitors are strictly prohibited absent extraordinary circumstances. The ACF leadership team will have the sole discretion to determine whether extraordinary circumstances exist, and with appropriate safeguards for allowing visitors on ACF premises including but not limited to those listed in Section F below.
- C. No Discrimination.** The restriction on visitors applies to all patients applies regardless of the visitor's age, race, color, national origin, religion, gender, gender identity and gender expression, and sexual orientation or disability.
- D. Signage.** The ACF shall display signage at entrances and in other areas as necessary stating that visitors are prohibited.
- E. Remote Communications.** Patients are permitted to bring personal mobile phones which will be properly disinfected upon arrival and as often as necessary thereafter. Patients may use their personal devices to communicate with others as needed.
- F. Safeguards For Visitors When Visitation Is Deemed Necessary.** In the rare circumstance that the ACF leadership team deems it necessary to allow a given patient to have a visitor, the following safeguards will be observed:
 - 1. No more than one visitor shall be allowed to visit a patient, even in extraordinary circumstances.
 - 2. Visitors shall be screened with the COVID-19 screening procedures and will not be allowed on the premises if they have a temperature of 100.4 degrees or otherwise meet the screening criteria for COVID-19. The name of the visitor, the patient they are visiting, the ACF leadership providing approval for the visit and the fact that the screening was

negative shall be recorded before the visitor is escorted to the patient's room.

3. Visitors may bring one small personal item such as a purse and may bring his or her personal mobile device, but nothing else unless specifically approved by ACF Staff.
4. Visitors may not bring food or beverages unless specifically approved by ACF Staff.
5. Visitors shall observe safe hygiene and social distancing practices to the extent possible while on ACF premises.
6. Visitors shall be directed to the patient's room and shall not interact with or come within 6 feet of any other patient. Visitors shall be escorted out at the end of the visit.
7. Visitors may be asked to leave by ACF Staff at any time for any reason and if the visitor refuses to do so, the ACF may contact security or police.

CLINICAL PROCEDURES

Milwaukee Alternate Care Facility PORT/PSI Score Protocol

I. PURPOSE.

COVID-19 respiratory syndrome is potentially complex and challenging to manage clinically. It is estimated that up to 20% of these patients who are hospitalized will decompensate during their admission. In an effort to risk stratify this patient cohort, the PORT/PSI (Pneumonia Severity Index) clinical scoring tool will be used to standardize assessment and care.

II. PROCEDURE.

- A.** A PORT/PSI score will be generated and recorded on each patient by the intake physician (CMO or designee) prior to transfer to the ACF.
- B.** A baseline PORT/PSI score will be calculated and recorded upon admission by the admitting clinician.
- C.** The score will require iSTAT EC8+ POC (point of care) testing.
- D.** Repeating the PORT score routinely is not indicated.
- E.** A repeat PORT/PSI score is indicated:
 - 1. If the score upon admission is higher than the pre-transfer score.
 - 2. If the patient's clinical condition worsens.
 - 3. At the discretion of the attending physician.

Controlled Medication Dispensing Standard Operating Procedure

I. PURPOSE.

Establish a safe and secure process for administration, storage, and replenishment of controlled substance medications within the Alternate Care Facility.

II. PROCEDURE.

A. General

1. Controlled medications must be secured at all times.
2. Formulary controlled medications include:
 - a. HYRDOcodone 5mg/acetaminophen 325 mg (NORCO) tablet.
 - b. OxyCODONE (ROXICODONE) 5 mg IR tablet.
 - c. TraMADol (ULTRAM) 50 mg tablet.
 - d. LORazepam (ATIVAN) 0.5 mg tablet.
 - e. Zolpidem (AMBIEN) 5 mg tablet.
3. Controlled medications will be stored within a locked medication cabinet, which will be bolted to countertop in the nursing station.
4. Medications will be provided by pharmacy with accompanying controlled medication inventory records. Controlled Medication Inventory Record.
5. The controlled medication inventory record will be maintained by RN Lead and require dual signature signoff for each dispense and inventory adjustment.
6. Discrepancies with starting inventories will be brought to the attention of the incident command nursing leader for immediate investigation.
7. Additional stock will be obtained by contacting the pharmacy between 0700-1100 or 1500-1900.
8. At the end of every shift, a copy of the inventory record will be hand delivered to the pharmacy for reconciliation.
9. Pharmacist on-site will reconcile proof of use forms daily. Any discrepancies will be brought to the attention of the Pharmacist in Charge (Vanessa Freitag) immediately.

B. Administration Procedure

1. Floor RN will notify lead RN that a dose of PRN controlled substance is needed.
2. Lead RN will open the controlled substance lock box, which is bolted to the countertop in the nursing station, with Floor RN present.

3. Back count of tablets will be completed and documented as “Starting Quantity” prior to dispensing.
4. Number of tablet(s) to be dispensed will be determined, documented, and removed.
5. Back count of tablets will be completed and documented as “Ending Quantity” after dispensing.
6. Signature of both RNs will be captured on inventory record.
7. Lead RN will lock the controlled substance lock box.
8. See below example as a reference.

Controlled Medication Inventory Record			Medication Name & Strength				
Date	Time	Patient Name	Starting Quantity	Amount administered (tablets)	Ending Quantity	Signature 1	Signature 2
		Initial Inventory	20		20	<i>Justin Guthman</i>	<i>Nicole Weinfurter</i>
4.21.20	1600	Test Patient	20	2	18	<i>Justin Guthman</i>	<i>Nicole Weinfurter</i>

C. Non-Formulary Controlled Medication Procedure:

1. Identify and clearly mark all non-formulary medications on each patient MAR.
2. Fax medication orders to Ascension St. Joseph’s Retail Pharmacy (fax # 414-447-2592):
 - a. By 2 PM on the patient’s day of admission to be delivered for same day evening medication pass.
 - b. By 5 PM on the patient’s day of admission to be delivered same day before end of pharmacist’s shift at 7 PM for administration in next morning medication pass.
 - c. For emergency on-demand delivery of medications, please call the retail pharmacy to directly coordinate delivery with the retail pharmacist on duty.
3. Call the pharmacy (phone # 414-447-2585) to verify receipt of fax and clarify any outstanding questions with retail pharmacy staff.
4. If the original order is for a C2 controlled substance, make a copy of the signed and dated original controlled substance medication order for the field hospital records. Place the original medication order in an envelope and place in designated bin (see “Dirty” area of pharmacy) to be picked up by a retail pharmacy employee.
5. Upon receipt of delivery of non-formulary medications from the retail pharmacy, on site pharmacy staff on site will sign the delivery paperwork & fax a copy (FAX# 414-374-1099) back to the retail pharmacy to confirm

receipt, as well as check the medications received against the patient's MAR for accuracy.

6. Non-formulary controlled substance medications will be provided by the retail pharmacy per the quantity written on the original controlled substance medication order by provide in a prescription medication vial.
7. All prescription vials of non-formulary controlled substance medications will be sent to the patient floor to be stored in the Locked CS Med Box for each pod. A new "Proof of Use Sheet" sheet will be provided with each controlled substance medication.
8. Pharmacy will contact the RN Supervisor when controlled substance medication orders are ready for delivery to the unit Locked CS Med Box to arrange pick-up.

Milwaukee Alternate Care Facility Bulk Medication and PRN Pick Procedure

I. PURPOSE.

Establish the pharmacy workflow for filling patient-specific medication that are bulk items and/or non-controlled PRN medications.

II. PROCEDURE.

- A.** Each pod will have one co-mingled bin located at the nursing station where all patients' bulk and non-controlled PRN medications (14-16 patients/pod) will be stored.
- B.** Bulk medications (i.e., insulin, inhalers) and non-controlled PRN medications will be dispensed in a single large clear bag (BAG) labeled for each patient.
- C.** Label the exterior of the BAG with a patient label.
- D.** No bulk medications or PRN medications should be returned to the pharmacy. Refer to Wasting/Discarding Medication Procedure for more details.

Bulk Medications:

- A.** Bulk medications will be labeled with a medication label meeting outpatient dispensing requirements in the event the patient is discharged with orders to continue the medication as an outpatient.
- B.** Affix the pre-printed medication label to the bulk medication container.
 - 1. Instructions on the pre-printed medication label correspond to the instructions on the standing order set.
 - 2. Hand write the following in the appropriate location on the patient-specific label:
 - a. Patient name
 - b. Patient Date of Birth
 - c. Prescriber name
 - 3. Place all bulk medications in the patient-specific BAG prior to final dispense.

Non-Controlled PRN Medications:

- A.** Place enough of the PRN medication to last 3 days in a small bag.
 - 1. If the PRN medication is a bulk product, follow the Bulk Medications dispensing procedure outlined above.
- B.** Affix a patient label and the pre-printed medication label to the exterior of the bag.

1. Instructions on the pre-printed medication label correspond to the instructions on the standing order set.
- C.** Each PRN medication should be in a separate bag.
- D.** Place all PRN medications in the patient-specific BAG prior to final dispense.

Patient's Own Medications Standard Operating Procedure

I. PURPOSE.

Establish a safe process for administration and storage of medications provided by discharging facility and/or patient's home medications brought with them from the discharging facility. The pharmacy is a clean environment. Patient's own medications being delivered to the pharmacy is considered an infection risk to the pharmacy environment and staff.

II. PROCEDURE.

Patient's Own Medications Check-In & Check-Out Procedure:

- A.** Obtain a ziploc bag and place a patient identification sticker on the outside of bag.
- B.** All medications brought with the patient from the discharging facility are to be placed in the ziploc bag during admissions process.
- C.** Outside of ziploc bag to be wiped down with a Caviwipe.
- D.** Ziploc bag to be hand delivered to on-site pharmacy location.
- E.** Pharmacy associate to don gloves and wipe down the outside of the ziploc bag with a Caviwipe upon receipt.
- F.** Patient's own medication ziploc bags to be stored in bins by pod number on shelving located to the left of the door (when facing the entry door from the inside of the pharmacy).
- G.** Discard gloves.
- H.** Pharmacy associate to fill out "Patient's Own Medications Check-In/Check-Out Clipboard" to indicate that medications were received and are being stored in the pharmacy.
- I.** Upon patient discharge, patient's own medication ziploc bag will be signed out of the pharmacy by filling out the "Patient's Own Medications Reconciliation Clipboard" and picked up by a runner from the floor to be sent with the patient as a personal belonging upon discharge from the facility.

Milwaukee Alternate Care Facility Patient Self Administration Standard Operating Procedure

I. PURPOSE.

Establish a safe process for medications to be safely self-administered by patients.

II. PROCEDURE.

- A.** Patients will be identified AND notated on medication intake order set as 'MEDICATION SELF-ADMINISTERED' patients by admitting clinician or by nursing. Pharmacy can also notate after consultation with clinician or nursing staff.
- B.** Patients can have medications filled via 'non-formulary' medication pathway or have their own home medication.
- C.** Patient will be required to complete the MAR.
- D.** Nursing will verify understanding and completion of patient documented MAR every 24-hours.

Milwaukee Alternate Care Facility Non-Formulary Medication Standard Operating Procedure

I. PURPOSE.

Establish a safe and efficient process for medications within the alternate care facility

II. PROCEDURE.

- A.** Field hospital pharmacist will call at scheduled times and on demand for medication orders.
- B.** Retail pharmacist will deduce to writing if unable to fax orders.
- C.** Retail pharmacy will look for any 'out of stock' medications.
 - 1. If any out of stocks - a staff member will be assigned to track down via inpatient pharmacy or other retail pharmacy.
 - 2. If another pharmacy, retail pharmacy will transfer medication to that location arranged within the appropriate time frame needed at the ACF.
- D.** Retail pharmacy will notify & arrange delivery based on pickup and time requirements.
- E.** Retail pharmacy will prioritize these orders to the 'front of the line'.
- F.** Retail pharmacy will fill 5 days of orders unless provider has written otherwise. The standing order from the Medical Director of the ACF.
- G.** Pharmacy will process orders with all required prescription elements.
- H.** Pharmacy will bill FEMA based on site SOP.
- I.** Pharmacy will place in designated area for delivery to ACF.
- J.** Pharmacist will verify medications.
- K.** Pharmacist will verify all medications are filled compared to order.
- L.** Pharmacist will bag and send all medications via designated delivery method.
- M.** Pharmacist will ensure any required original hardcopy's for any controlled substance prescriptions came back with delivery driver, or will follow up with ACF pharmacy to ensure that occurs within 72 hours.
- N.** All documents will be filled for required time based on SOP.

Pharmacy Medication Dispensing Standard Operating Procedure

I. Purpose:

Orient pharmacy team to the medication pass operational procedures.

II. Procedure:

A. Step 1: Compilation of Patient MAR

1. Obtain a set of Patient Identification Stickers from admissions team and hole-punch to keep in the "Patient Identification Stickers" binder.
2. Obtain a blank patient [MAR Template](#).
3. Obtain patient's Completed Medication Orderset from the "Completed Order Sets" binder.
 - a. Note: Pharmacy MUST receive all 4 pages of the Completed Medication Orderset from the provider upon admission, even if there is a page on which no orders are checked.
4. Identify first scheduled medication on completed orderset and locate the product on inventory shelves within pharmacy.
 - a. Note: Controlled medications will be stored securely. Specific details will be provided during training on where these medications will be located.
5. Remove one medication order sticker from bin and place on MAR.
6. Indicate the number of medication units to be administered in the appropriate administration time column (AM or PM).
7. Clearly cross out any administration time box for which administration will not occur.
8. Complete the medication order sticker with any necessary medication doses and/or directions for administration.
9. Repeat for all scheduled medications ordered for the patient.
10. Identify first PRN medication on completed orderset and locate the product on inventory shelves within pharmacy.
11. Remove one medication order sticker from bin and place on MAR.
12. Complete the medication order sticker with any necessary medication doses and/or directions for administration.
13. Repeat for all PRN medications ordered for the patient.
14. Medications that are not available on the medication shelf will be considered non-formulary and will need to be procured through Ascension Retail Pharmacy (see "**Step 4: Non-Formulary Medications**" section below). These medications will need to be handwritten onto the patient's MAR under the "Patient's Own Medications" section.
15. Place final copy of completed patient MAR within the "Patient MARs" binder, filed according to patient pod number and room number.
16. Proceed to "**Step 3: Bulk and PRN Medications Pick**" section below to compile bulk and PRN medications pick for patient. (This process should ideally only need to be completed once upon the patient's admission to the Alternate Care Facility.).

B. Step 2: Morning & Evening Scheduled Medication Picks

Morning pick to occur by pharmacy team between 0700-0800, with pickup at and delivery to the floor at 0800 by a runner sent from the RN station. Administration to occur between 0800-1000.

Evening pick to occur by pharmacy team between 1500-1600, with pickup at and delivery to the floor at 1600 by a runner sent from the RN station. Administration to occur between 1600-1800.

Note: If there is confusion as to when the patient last received medications prior to arrival at our facility, the admitting provider at the field hospital must be contacted to clarify when the patient last received medications and when they should receive their next set of scheduled medications at the Alternate Care Facility. For example, if a patient is admitted at 10:00 AM, the pharmacist would want to ensure that the patient received their necessary morning medications prior to arrival at the field hospital or if they should still receive their morning medication doses after arrival.

1. Obtain "Patient MARs" binder and select first patient's MAR.
2. Make a copy of the MAR to be included in the medication pick envelope.
3. Obtain large medication pick envelope and place patient sticker on front.
4. Locate first scheduled medication with number of medication units needed in the "AM" (morning med pick) or "PM" (evening med pick) column on the MAR on shelves within pharmacy.
5. Pick one complete dose of the scheduled medication and place into the large medication pick envelope.
 - a. Note that some doses of medications may need to be comprised of multiple medication units.
 - b. If the medication is to be dispensed as a bulk medication product, refer to "**Step 3: Bulk Medications**" procedure above. This process should have been completed upon admission of the patient to the Alternate Care Facility.
 - c. If the medication is not located on the pharmacy shelves/non-formulary (including controlled substances), refer to "**Step 4: Non-Formulary Medications**" procedure above.
 - d. **If the medication is an IM or IV medication product (aside from 0.9% sodium chloride), obtain an additional ziploc bag and place a patient sticker on the front. Make another copy of the patient's MAR. Set the additional MAR and labeled ziploc bag in IV Preparation station area to fulfill once the rest of the morning or evening med pick is complete (see "**Step 5: IM/IV Medication Preparation**" section below).**
6. Repeat process for all scheduled medications listed on the patient's MAR with number of medication units needed in the respective "AM" (morning med pick) or "PM" (evening med pick) column.
7. Place completed medication pick envelope in the appropriate cardboard file box for delivery to the patient's respective pod.

8. Repeat this process for all patients requiring a morning or evening medication pick.
9. Medication file boxes will be picked up by a runner sent from the RN station to be delivered to the pods at scheduled times.

C. Step 3: Bulk and PRN Medications Pick

Bulk medications (i.e., insulin, inhalers, miconazole powder) and non-controlled PRN medications will be dispensed together in a ziploc bag labeled specifically for each patient and stored on the nursing unit in a commingled bin.

1. Obtain completed patient MAR.
2. Obtain a ziploc bag and label with a patient sticker.
3. For **Bulk Medications**:
 - a. Locate first bulk medication on shelves within the pharmacy.
 - b. Remove all external packaging from the bulk medication product.
 - c. Place the bulk medication in the patient's labeled ziploc bag.
 - d. Repeat steps a-d for all bulk medication products listed on the patient's MAR.
4. For **Non-Controlled Substance PRN Medications**:
 - a. Locate first non-controlled PRN medication on shelves within the pharmacy.
 - b. Select enough doses of the medication to equate a 3-day supply and place them into the patient's labeled ziploc bag.
 - c. If the PRN medication is a bulk medication product, follow the **Bulk Medications** procedure as above.
 - d. Repeat steps a-c for all non-controlled PRN medications on the patient's MAR.
5. For **Controlled Substance PRN Medications**, refer to the "[Controlled Medication Dispensing Procedure](#)" document.
6. Place the completed ziploc bag in the appropriate cardboard file box for delivery to the patient's respective pod by a runner sent from the RN station at the designated medication delivery times (as outlined in **Step 2** above).
7. Each pod will have one commingled bin located at the nursing station where all patients' bulk and non-controlled PRN medication ziploc bags will be stored.

D. Step 4: Non-Formulary Medications

1. Identify and clearly mark all non-formulary medications on each patient MAR.
2. **Fax medication orders to Ascension St. Joseph's Retail Pharmacy (fax # 414-447-2592):**
 - a. By 2 PM on the patient's day of admission to be delivered for same day evening medication pass.
 - b. By 5 PM on the patient's day of admission to be delivered same day before end of pharmacist's shift at 7 PM for administration in next morning medication pass.

- c. For emergency on-demand delivery of medications, please call the retail pharmacy to directly coordinate delivery with the retail pharmacist on duty.
3. **Call the pharmacy (phone # 414-447-2585) to verify receipt of fax AND clarify any outstanding questions with retail pharmacy staff.**
4. If the non-formulary medication being obtained is a controlled substance, make a copy of the signed & dated original medication order for the field hospital records. Place the original medication order in an envelope to be picked up by a retail pharmacy employee (see designated bin in "Dirty" area). Refer to the "[Non-Formulary Controlled Medication Dispensing Procedure](#)" document for more details on obtaining and dispensing non-formulary controlled substance medications.
5. Upon receipt of delivery of non-formulary medications from the retail pharmacy, pharmacy staff on site will check the medications received against the patient's MAR for accuracy.
6. Non-formulary medications will be provided by the retail pharmacy as a 5 day supply in a prescription medication vial. All prescription vials of non-formulary medication will be sent to the patient floor to be stored in the "Bulk and PRN Medications" ziploc bag for each patient (stored in the bins on the med pass cart).
7. RNs will be responsible for obtaining medication doses for non-formulary medications listed on a patient's MAR from the commingled bin and administering as prescribed at appropriate times.

E. Step 5: IV Medication Preparation

A few IM/IV medications have been added to formulary in the event that a provider would request them. Although they will likely be ordered infrequently, **pharmacy will dispense them in a ready-to-use manner, with a BUD assigned as immediate use (MUST be used within one hour).**

1. IM/IV medications will be prepared AFTER the rest of the morning or evening medication pick has been completed (due to the need to assign a **1-hour BUD** to the IV products once activated). After preparation of the rest of med pass, contact RN designee with notification of need for IV medication preparation and coordinate a pick up time to ensure 1-hour BUD is not exceeded.
2. Before preparation of any IV products, wipe down the IV preparation station space with a Cavi-wipe or 5% bleach solution to ensure the preparation area is clean.
3. Obtain the first patient's labeled ziploc bag and copy of the patient's MAR that has been set aside at the IV preparation station.
4. **For 0.9% Sodium Chloride (0.9% NS) 500 mL bags (for IV fluid replenishment):**
 - a. This medication will be stored on the nursing unit and will NOT be provided by pharmacy in most instances. A small backup supply of these fluid bags will be kept in pharmacy just in case it is needed.

- b. All necessary supplies for administration of IV fluids (i.e. tubing) will be stored on the nursing unit and pharmacy is NOT responsible for providing or stocking these supplies.
5. **For ceftriaxone IM injection:**
- a. Select a vial of ceftriaxone for injection and sterile water for injection and place together in the ziploc bag.
 - b. IM injection medications are NOT further prepared by pharmacy and may be sent to the floor with the morning or evening medication picks, as they will be further reconstituted and prepared by the nurse immediately prior to administration.
 - c. All necessary supplies for further reconstitution, preparation and administration (i.e. alcohol swabs, needles, syringes) will be stored on the nursing unit and pharmacy is NOT responsible for providing or stocking these supplies.
6. **For ADD-Vantage IV infusion product (i.e. azithromycin) preparation:**
- a. Obtain an ADD-Vantage vial of scheduled IV medication.
 - b. Obtain the appropriate corresponding ADD-Vantage diluent bag.
 - c. Follow the [ADD-Vantage How-To Guide](#) to assemble **AND activate** the IV product.
 - d. Fill in the components of an [IV Product Label](#) and attach to the IV product.
 - e. **Immediate Use BUD dating (1-hour) MUST be assigned once the IV product is activated.**
7. **For Baxter Mini-Bag Plus IV infusion product (i.e. doxycycline) preparation:**
- a. Obtain a medication vial for injection of the scheduled IV medication.
 - b. Obtain the appropriate corresponding Baxter Mini-Bag Plus diluent bag.
 - c. Follow the [Baxter Mini-Bag Plus How-To Guide](#) to assemble **AND activate** the IV product.
 - d. Fill in the components of an [IV Product Label](#) and attach to the IV product.
 - e. **Immediate Use BUD dating (1-hour) MUST be assigned once the IV product is activated.**
8. Repeat process for all IV medications that need to be prepared and activated for all patients for morning or evening med pass and administration.
9. Call the unit RN (Ph: _____) to notify them that the IV medications are prepped for the unit and are ready to be picked up for delivery.

Wasting/Discarding Medication Procedure

I. PURPOSE.

Provide overview for wasting and discarding of medications within the Alternate Care Facility.

II. PROCEDURE.

- A. The following medications can be sent home with the patient:
 - 1. **Patient's Own Medications** (ones they brought in **AND** ones received from Ascension Retail pharmacy as non-formulary medications).
 - 2. **Note: Bulk medications CANNOT be sent home with the patient as they are NOT appropriately labeled for outpatient dispensing.** Bulk medications must be discarded on discharge from the facility.
- B. Medications that enter the patient care area that will not be sent home with the patient will be wasted/discarded within an EPA approved medication discarding system (drug buster) to decrease the risks of contamination/exposure.

RN Medication Pass Standard Operating Procedure

I. PURPOSE.

Orient nursing team to the medication pass operating procedures.

II. PROCEDURE

A. Procurement

1. The patient medication administration record (MAR) will be the source of truth for all medication administration.
2. Scheduled medications will be delivered to each POD in the morning (0800-1000) and afternoon (1600-1800) each day within a large file box. Within this file box, will be an envelope with each patient's scheduled medications and a copy of the up-to-date daily MAR.
3. PRN (as needed), Bulk medications (inhalers), Non-formulary, and Patients Own Medications will be placed in a clear plastic bag with affixed patient identification label. These medications will be stored on the RN med pass cart in a large bin.
4. Controlled PRN medications will be administered by charge RN. Contact charge RN when these medications are needed.
5. The completed MARs for each patient will be kept in a three-ring binder for their respective pod for record-keeping.

B. Administration:

1. Obtain MAR.
2. Obtain scheduled medication envelope from file box.
3. Obtain PRN, bulk, non-formulary, and/or patient's own medications from bin located on RN med pass cart.
4. Verify 5 rights with patient and administer medications via appropriate route.
 - a. Acknowledge that many medications will require multiple tablets/capsules to provide complete dose.
5. Administered medications will be documented as given by placement of initials within scheduled medications section and placement of administration time and initials within other sections of the MAR.
6. Store completed MAR in three-ring binder for record keeping.

Pharmacy IV to PO Policy

I. SCOPE.

Pharmacists will evaluate patients receiving intravenous medications on the IV to PO Conversion Table for eligibility to convert to oral therapy. (appendix A)

II. PROCEDURE.

- A. Pharmacist to assess if patient meets inclusion and exclusion criteria.
- B. Pharmacist to determine if clinically appropriate to change formulation.
- C. Pharmacist to determine appropriate dose based on conversion table.
- D. For patients who do not meet any of the exclusion criteria, the pharmacist will enter new order under physician that the IV order was placed under.
- E. Pharmacists must contact prescriber for medications not found on the approved IV to PO conversion table and obtain an order from the prescriber according the Organization policy prior to making a change.

III. INCLUSION CRITERIA.

- A. Tolerating other medications orally or through feeding tube
- B. Adult patient (≥ 18 years old)
- C. Additional Criteria for Antimicrobial Therapy.
 - 1. Afebrile past 24 hours (temperature $\leq 100.4^{\circ}\text{F}$ or $\leq 38.0^{\circ}\text{C}$)
 - 2. Signs and symptoms of infection improving over 48 hours
 - 3. Hemodynamically stable without pressure support (HR < 100 BPM, SBP > 90 mmHg)

IV. EXCLUSION CRITERIA.

- A. Prescriber order or communication not to be changed to PO
- B. Strict NPO order
- C. Documented refusal of oral medications
- D. Dysphagia
- E. Nausea, vomiting, or severe diarrhea
- F. Significant NG output (> 150 mL two or more times over 24-hour period) or continuous suction
- G. Gastrointestinal disorders following; obstruction, ileus, celiac sprue, malabsorption syndrome, proximal small intestine resection, gastrointestinal bleed.

H. Disease Specific Exclusions for Antimicrobial Therapy

1. Central nervous system infection (i.e. meningitis, intracranial abscess)
2. Endocarditis
3. Mediastinitis
4. Legionella pneumonia
5. Cystic fibrosis exacerbation
6. Foreign body infection (i.e. IV catheters, surgical hardware, etc.)
7. Neutropenia

IV to PO Policy

Exhibit A: IV to PO Conversion Table

Drug	IV Regimen	PO Regimen	Additional Notes
Acetaminophen	Ordered regimen	Same regimen	Follow site IV APAP usage criteria
Azithromycin	250-500 mg Q24H	Same regimen	
Ceftriaxone	UTI: 1-2 gm Q24H	*Cefuroxime 500 mg Q12H	Must contact MD
	CAP: 1-2 gm Q24H	*Cefdinir 300 mg Q12H	
*Ciprofloxacin	400 mg Q12H	750mg Q12H; 500 mg Q12H (UTI only)	Exclusion for continuous tube feeds
	400 mg Q8H	Do not change	
Clindamycin	300 mg Q6-8H	150 mg Q8H	72 hours IV therapy required Excludes ICU
	600 mg Q6-8H	300 mg Q8H	
	900 mg Q6-8H	450 mg Q8H	
Digoxin	Ordered regimen	Same regimen	Excludes loading doses
Doxycycline	Ordered regimen	Same regimen	
Famotidine	Ordered regimen	Same regimen	
Fluconazole	Ordered regimen	Rounded to nearest oral dose option	
Folic acid	Ordered regimen	1 mg Q24H	
Fosphenytoin	Ordered regimen in phenytoin equivalents	Phenytoin equivalent at nearest available dose	Excludes actively seizing patients
Hydralazine	Ordered regimen	10 mg IV = 25 mg PO	Contact MD for interchange
Levetiracetam	Ordered regimen	Same regimen	Excludes actively seizing patients
Levofloxacin	Ordered regimen	Same regimen	Exclusion for continuous tube feeding
Levothyroxine	Ordered dose from site levothyroxine IV policy	-125% of IV dose rounded to nearest tablet size (CSM) <u>OR</u> -Double IV dose if daily dosing rounded to nearest tablet size	Use appropriate dose for site specific levothyroxine IV policy Exclusion for continuous tube feeding
Linezolid	Ordered regimen	Same regimen	
Metoclopramide	Ordered regimen	Same regimen	
Metoprolol	Daily dose divided into four doses	2.5x IV total daily dose divided in two doses	Contact MD for interchange
Metronidazole	Ordered regimen	Same regimen	Do not crush for PO May crush for NG

Multivitamin	Ordered regimen	1 tablet or 10 mL oral solution Q24H	PO products without minerals
Pantoprazole	Ordered regimen	PO: same regimen Tube feeding: omeprazole suspension 20 mg once daily	
Phenytoin	Ordered regimen	Round to nearest available dose	Excludes actively seizing patients
Sulfamethoxazole/trimethoprim	Ordered daily dose divided into 2-4 doses	Same daily dose rounded to nearest available tablet size divided into 2-4 doses	Excludes PJP pneumonia
	Sample calculation: 70 kg patient on 15 mg/kg IV trimethoprim (TMP) per day 15 mg/kg x 70 kg = 1050 mg TMP per day 1050 mg TMP ÷ 160 mg TMP per DS tablet = 6.6 DS tablets Rounded to 6 tablets → two tablets three times daily		
Thiamine	Ordered regimen	Same regimen	
Valproate sodium	Calculate total daily dose	Divalproex ER total daily dose rounded to nearest available dose once daily <u>OR</u> Divalproex or valproate DR, sprinkle, or solution total daily dose divided into 2-4 doses.	Excludes actively seizing patient If continued from home consider continuing home regimen
	Sample calculation: Patient receiving valproic acid 500 mg IV Q6H for daily dose of 2000 mg. Convert to divalproex DR 1000 mg PO BID		
Voriconazole	3-4 mg/kg Q12H	If < 40 kg 100-150 mg Q12H If ≥ 40 kg 200 mg Q12H	Check levels to ensure appropriate dosing

* PO regimen is renally dosed and may differ from IV renal dosing recommendations. Please review renal dosing policy.

Generic Substitution and Therapeutic Interchange Policy

I. POLICY.

Generic drugs are substituted for brand name drugs when they are considered to be bioequivalent by the FDA (A/B rated). Pharmacy will dispense the equivalent product upon receipt of any order without regard to the brand name by which it is prescribed. Pharmacy may dispense a pharmaceutical equivalent or alternative on any order without regard for the specific product ordered.

Therapeutic interchange (also called therapeutic substitution) is the authorized dispensing of medications that are chemically different, but therapeutically similar, to the medication prescribed. This Therapeutic Interchange Protocol allows an Organization pharmacist, consistent with the orders of the patient's treating provider, to apply the Therapeutic Interchange Protocol to substitute therapeutic drug alternatives for the prescribed medication. The medications subject to this Therapeutic Interchange Protocol ("List of Drugs Approved for Therapeutic Interchange")

II. PROCEDURE.

- A.** When a medication on the List Of Drugs Approved For Therapeutic Interchange is ordered for a patient, and if the Therapeutic Interchange Protocol is properly ordered by the patient's treating provider, the following will occur:
1. The pharmacist will review the patient profile and medical record to ensure that there is no contraindication to the therapeutic interchange. Contraindications include, but are not limited to: 1. Drug allergy; 2. History of drug failure to the interchanging drug; and/or 3. Documented medical necessity for the prescribed drug.
 2. If the pharmacist has any questions as to the appropriateness of the therapeutic interchange, he/she should contact the prescriber for review and discussion.
 3. If there are no contraindications to the therapeutic interchange, the pharmacist will document in the patient's medical record that the therapeutic interchange occurred, as appropriately delegated by, and in accordance with the order of the patient's treating provider.
- B.** In the event of a drug shortage for a medication on the List of Drugs Approved for Therapeutic Interchange, the pharmacist will choose another medication with similar dose and efficacy on the list.

Therapeutic Interchange Procedure

I. PURPOSE.

Allow the pharmacist to select a therapeutically equivalent product for dispensing and administration based on drug stock availability

II. PROCEDURE.

- A. Upon receipt and review of patient medication orders, the pharmacist will determine if any orders are written for a medication that is not available (in stock) and appropriate for therapeutic substitution to an equivalent product & dosing regimen
- B. The MAR will be adjusted to reflect this change

Frequency of Administration Adjustment Procedure

I. PURPOSE.

Allow the pharmacist to adjust the frequency of scheduled medication administration to align with the up to twice per day medication pass process for the Alternate Care Facility. The goal is to dispense scheduled medications.

II. PROCEDURE.

- A. Upon receipt and review of patient medication orders, the pharmacist will determine if any orders are written for a frequency of administration more than twice per day.
 - 1. Exclusions: Insulin (if based on meal times).
- B. The pharmacist will determine equivalent twice per day dosing regimen.
- C. The MAR would be adjusted to reflect this change.

Medication Standard Operating Procedure

I. PURPOSE.

Establish a safe and secure process for administration, storage, and replenishment of medications within the Alternate Care Facility.

II. OVERVIEW.

- A. Discharge orders and patient summary will be required from transferring hospital and provided to admitting provider.
- B. Provider completes reconciliation of discharge medication orders with Medication Order Set and signs Standing Medication Order.
- C. Completed Order Set will be provided via hand delivery to the pharmacy. Upon receiving, pharmacy will don gloves, place completed order set into plastic sleeves, and place them into Completed Order Sets binder.
- D. Pharmacy staff complete the Medication Administration Record (MAR) by placing medication stickers within appropriate sections of the MAR (MAR Template). Non-formulary and Patients Own Medications would be placed on MAR using handwritten order (drug name, strength, directions, etc.).

III. PROCEDURES.

- A. RN Medication Pass Procedure
 - 1. Scope for nursing and pharmacy
- B. Pharmacy Medication Dispensing Procedure
 - 1. Scope for pharmacy
- C. Controlled Medications Dispensing Procedure
 - 1. Scope for nursing and pharmacy
- D. Patient Own Medication Procedure
 - 1. Scope for pharmacy
- E. Wasting/Discarding Medication Procedure
 - 1. Scope for nursing and pharmacy
- F. Pharmacist End-of-Day Checklist

IV. MEDICATION OPTIMIZATION PROCEDURES.

- A. Frequency of Administration Adjustment Procedure
- B. Therapeutic Interchange Policy & Procedure
- C. IV to PO Policy & Procedure + Reference List

- D.** Non-essential medications and bundling procedure
- E.** Field Hospital Renal Dosing Policy and Field Hospital Renal Dosing Adjustments List

Medication Standard Operating Procedure Exhibit A: MAR Template Option 2

PLACE PATIENT STICKER HERE	ALLERGIES	
		DATE _____
SCHEDULED MEDICATIONS (PHARMACY)	AM	PM
PRN MEDICATIONS (PHARMACY)	ADMIN TIME	
NON FORMULARY MEDICATIONS	ADMIN TIME	

Medication Standard Operating Procedure Exhibit B: MAR Template Option 3

DATE: _____		
PLACE PATIENT IDENTIFICATION STICKER HERE	ALLERGIES: _____ _____	
SCHEDULED MEDICATIONS	AM	PM

PAGE _____ / _____

DATE: _____	
PLACE PATIENT IDENTIFICATION STICKER HERE	ALLERGIES: _____ _____
PRN MEDICATIONS (PHARMACY)	ADMINISTRATION TIMES & INITIALS

PATIENT'S OWN MEDICATIONS	ADMINISTRATION TIME & INITIALS

PAGE _____ / _____

COVID-19 - Non-Essential & Bundled Medications Procedure

I. PURPOSE.

Patients often present to the hospital with medication lists that include products, which may not be essential during hospitalization. These medications often include bulk products, medications not critical for acute conditions, and as needed (PRN) medications.

Allow the pharmacist to adjust the frequency of scheduled medication administration to align with the up to twice per day medication pass process for the Alternate Care Facility. The goal is to dispense scheduled medications

II. PROCEDURE.

A. The pharmacist will have the authority to enact the following:

1. Bulk PRN products will be dispensed upon request only
2. Medications will be scheduled using standard dosing times, when clinically appropriate (e.g. administer all q24h medications at the same time)
3. Non-essential medications will be discontinued
 - a. Non-essential medication include:
 - (i) Multivitamins (excluding prenatal in pregnancy)
 - (ii) Topical PRN medications
 - (iii) Eye drops & nasal sprays PRN
 - (iv) Seasonal allergy medications ordered PRN
 - (v) Bisphosphonates treating osteoporosis
 - (vi) Herbals and supplements not related to acute condition
 - (vii) Consider other medications that warrant conditional discontinuation such as acid reflux medications outside of intensive care unit, constipation medications PRN without orders for opioids
4. Extended dosing intervals and switches to medications or formulations with longer duration of action will occur automatically. Including but not limited to:
 - a. Changing heparin subcutaneous injection for DVT prophylaxis to enoxaparin daily
 - b. Switching to extended release oral products if available

- c. Change to extend dosing intervals of PRN medications for constipation, nausea, or pain
 - (i) E.g. Change acetaminophen and ibuprofen from q6h to q8h
- d. Altering doses of medication to allow for twice daily frequency
 - (i) Exclusions: Insulin (if based on meal times)
- e. Enter the new schedule on to the MAR using the prefix "CHANGE" followed by the medication name.

Milwaukee Alternate Care Facility Standing Medication Order

Medications:

1. Acetaminophen 650 mg PO every 4 hours PRN for mild pain or fever. Do not exceed 4000 mg acetaminophen/day from all sources.
2. Aluminum hydroxide 200 mg-magnesium hydroxide 200 mg-simethicone 20 mg / 5 mL suspension (MAG-AL PLUS or equivalent) 30 mL PO every 2 hours PRN upset stomach. Maximum of 4 doses/24 hours.
3. Diphenhydramine 25 mg capsules - 2 capsules (50 mg) PO daily at bedtime as needed for sleep
4. Glucagon 1 mg Emergency Kit - inject 1 mg IM or subQ as needed for hypoglycemia (blood glucose <70 mg/dL). May repeat in 15 minutes if patient is still unresponsive. Activate EMS and notify provider if used.
5. Miconazole 2% powder topically to affected area(s) twice daily PRN for rash.
6. Nitroglycerin (NITROSTAT) 0.4 mg sublingual tablet PO every 5 minutes as needed for chest pain - max of 3 tablets. Notify provider when used. Hold for SBP <100 mmHg.
7. Epinephrine (EPIPEN AUTO-INJECTOR) 0.3 mg/syringe injection - Inject 1 syringe (0.3 mg) IM or subQ as needed for anaphylaxis (facial swelling, dyspnea, or stridor). May repeat dose in 5 minutes if symptoms of anaphylaxis persist - maximum of 3 doses. Activate EMS and notify provider if used.
8. Diphenhydramine (Benadryl) 50 mg/1 mL vial for injection - Inject 50 mg IV once after administration of epinephrine as needed for allergic reaction or anaphylaxis (upper or lower airway obstruction, shock or hives). Activate EMS and notify provider if used.
9. Methylprednisolone (Solu-Medrol) 125 mg/vial for injection - Inject 125 mg IV once after administration of epinephrine as needed for allergic reaction or anaphylaxis. Activate EMS and notify provider if used.
10. Naloxone (Narcan) 0.4 mg injection - Inject 0.4 IM or subQ as needed for suspected opioid overdose or opioid-induced respiratory depression. May repeat dose every 2 to 3 minutes as needed up to a maximum of 10 mg. Activate EMS and notify provider if used.

Procedures

1. [Frequency of Administration Adjustment Procedure](#)
2. [Therapeutic Interchange Procedure](#)
3. [IV to PO Procedure](#)
4. [Non-essential medications and bundling procedure](#)

Non-Formulary Medications

1. If non-formulary medications are ordered and need to be obtained from Ascension St. Joseph's Retail Pharmacy, the retail pharmacy site may dispense a 5-day supply of all non-formulary non-controlled substance medications.

Reviewer of Standing Orders (Signature)	Date Reviewed	Time Reviewed	Reviewer of Standing Orders (Signature)	Date Reviewed	Time Reviewed
_____			_____		
_____			_____		

**ALTERNATE CARE FACILITY
STANDING MEDICATION ORDER**

Milwaukee Alternate Care Facility Medication Order Set

PATIENT STICKER PLACED HERE

= Order will be implemented
unless lined out.

= Box must be checked
to indicate order.

ALLERGIES/INTOLERANCES/REACTION: _____

ADMITTING DIAGNOSIS: _____

MEDICATIONS:

Pain:

- Cyclobenzaprine (FLEXERIL) 5 mg tablet - _____ mg PO up to _____ times daily as needed for muscle spasm
- Gabapentin (NEURONTIN) 100 mg capsule - _____ mg PO **once** / **twice** daily
- Gabapentin (NEURONTIN) 300 mg capsule - _____ mg PO **once** / **twice** daily
- Ibuprofen (ADVIL, MOTRIN) 400 mg PO every 8 hours as needed for mild pain or fever
- HYDROcodone 5 mg/acetaminophen 325 mg (NORCO) PO every 4 hours as needed for moderate to severe pain
- OxyCODONE (ROXICODONE) 5 mg tablet - _____ mg PO every _____ hours as needed for moderate to severe pain
- TraMADol (ULTRAM) 50 mg PO every 6 hours as needed for moderate to severe pain

GI Prophylaxis / GI Upset / Bowel Regimens

- Bisacodyl (DULCOLAX) 5 mg EC tablet PO once daily as needed for constipation
 - Loperamide (IMODIUM) 2 mg capsule PO every 6 hours as needed for loose stool
 - Ondansetron (ZOFRAN ODT) 4 mg orally-disintegrating tablet PO every 8 hours as needed for nausea/vomiting
 - Pantoprazole (PROTONIX) 40 mg ECT PO once daily in the morning
 - Polyethylene glycol 3350 (MIRALAX) 17 g powder packet PO once daily as needed for constipation
 - Promethazine (PHENERGAN) 25 mg tablet PO every 6 hours as needed for nausea/vomiting
 - Senna/docusate (PERI COLACE) 8.6 mg/50 mg tablet - _____ tablet(s) PO twice daily as needed for constipation

PATIENT STICKER PLACED HERE

Anticoagulants / Antiplatelet Agents

- Apixaban (ELIQUIS) 2.5 mg tablet - _____ mg PO twice daily
- Aspirin 81 mg chewable tablet - _____ mg PO once daily in the morning
- Clopidogrel (PLAVIX) 75 mg tablet PO once daily in the morning
- Enoxaparin (LOVENOX) 30 mg/0.3 mL injection subQ once daily in the morning for DVT prophylaxis
- Enoxaparin (LOVENOX) 40 mg/0.4 mL injection subQ once daily in the morning for DVT prophylaxis
- Warfarin (COUMADIN) 1 mg tablet - _____ mg PO once daily in the evening
- Warfarin (COUMADIN) 2.5 mg tablet - _____ mg PO once daily in the evening

IV Fluids

- 0.9% NaCl infusion @ _____ mL/hr for _____ hours

Electrolytes

- Magnesium oxide (MAG-OX) 400 mg tablet - _____ mg PO **once / twice** daily
- Phosphorus (PHOS-NAK) 250 mg powder packet - _____ packet(s) PO **once / twice** daily
- Potassium chloride 10 mEq SR tablet - _____ mEq PO **once / twice** daily

Infectious Disease

- Amoxicillin/clavulanate (AUGMENTIN) 875 mg/125 mg tablet PO twice daily for _____ days
- Azithromycin (ZITHROMAX) 250 mg tablet - _____ mg PO once daily in the morning for _____ days
- Azithromycin (ZITHROMAX) 500 mg/250 mL 0.9% NS (ADDvantage) IV over 60 minutes once daily in the morning for _____ days
- CefTRIAxone (ROCEPHIN) 1 gram IM once daily in the morning for _____ days
- Cefuroxime (CEFTIN) 250 mg tablet - _____ mg PO twice daily for _____ days
- Cephalexin (KEFLEX) 250 mg capsule - _____ mg PO twice daily for _____ days
- Ciprofloxacin (CIPRO) 250 mg tablet - _____ mg PO twice daily for _____ days
- Doxycycline monohydrate (ADOXA) 100 mg tablet PO twice daily for _____ days
- Doxycycline (DOXY 100) 100 mg/100 mL 0.9% NS (ADDvantage) IV over 60 minutes twice daily for _____ days
- LevoFLOxacin (LEVAQUIN) 250 mg tablet - _____ mg PO once daily for _____ days
- MetroNIDAZOLE (FLAGYL) 500 mg tablet PO twice daily for _____ days

PATIENT STICKER PLACED HERE

Cardiac Health

- Amiodarone (PACERONE) 200 mg tablet - _____ mg PO **once / twice** daily
- AmLODIPine (NORVASC) 2.5 mg tablet - _____ mg PO once daily the morning
- Carvedilol (COREG) 3.125 mg tablet - _____ mg PO twice daily
- DiITIAZem 24-HR (CARDIZEM CD) 120 mg capsule - _____ mg PO once daily in the morning
- DiITIAZem 24-HR (CARDIZEM CD) 180 mg capsule - _____ mg PO once daily in the morning
- Furosemide (LASIX) 20 mg tablet - _____ mg PO **once / twice** daily
- HydrALAZINE (APRESOLINE) 10 mg tablet PO twice daily
- HydrALAZINE (APRESOLINE) 25 mg tablet - _____ mg PO twice daily
- HydroCHLOROthiazide (HYDRODIURIL) 25 mg tablet - _____ mg PO once daily in the morning
- Isosorbide MONOnitrate ER (IMDUR) 30 mg tablet - _____ mg PO once daily in the morning
- Lisinopril (PRINIVIL, ZESTRIL) 2.5 mg tablet - _____ mg PO once daily in the morning
- Lisinopril (PRINIVIL, ZESTRIL) 20 mg tablet - _____ mg PO once daily in the morning
- Losartan (COZAAR) 25 mg tablet - _____ mg PO once daily in the morning
- Metoprolol tartrate (LOPRESSOR) 25 mg tablet - _____ mg PO twice daily
- Spironolactone (ALDACTONE) 25 mg tablet - _____ mg PO once daily in the morning

Respiratory Health

****All attempts should be made to utilize MDIs up to maximum recommended dosing as indicated before transitioning to using nebulizer solutions***

- Albuterol (PROAIR, VENTOLIN) 90 mcg/actuation MDI - 1 to 2 puffs by mouth every 4 hours as needed for wheezing or shortness of breath (*maximum dosing: 4 to 8 inhalations every 20 minutes for 3 doses, then taper as tolerated*)
- Albuterol 2.5 mcg/3 mL (0.083%) nebulizer solution - 1 vial by nebulizer every 4 to 6 hours as needed for wheezing or shortness of breath (*maximum dosing: 1 to 2 vials via nebulizer every 20 minutes for 3 doses, then taper as tolerated*)
- Fluticasone furoate (ARNUITY ELLIPTA) 100 mcg/inhalation DPI - _____ inhalation(s) by mouth once daily
- Fluticasone furoate/vilanterol (BREQ ELLIPTA) 100 mcg-25 mcg/inhalation DPI - 1 inhalation by mouth once daily
- Ipratropium/albuterol (DUONEB) 0.5 mg-2.5 mg(base)/vial nebulizer solution - 1 vial via nebulizer every 4 to 6 hours as needed for wheezing or shortness of breath (*maximum dosing: 1 vial via nebulizer every 20 minutes for 3 doses, then as needed*)
- Umeclidinium (INCRUSE ELLIPTA) 62.5 mcg/inhalation DPI - 1 inhalation by mouth once daily
- Umeclidinium/vilanterol (ANORO ELLIPTA) 62.5 mcg-25 mcg/inhalation DPI - 1 inhalation by mouth once daily

PATIENT STICKER PLACED HERE

Neurology

- Divalproex sodium (DEPAKOTE ER) 250 mg ER tablet - _____ mg PO once daily
- Donepezil (ARICEPT) 5 mg tablet - _____ mg PO once daily at bedtime
- LevETIRAcetam (KEPPRA) 250 mg tablet - _____ mg PO twice daily
- Topiramate (TOPAMAX) 25 mg tablet - _____ mg PO **once** / **twice** daily

Mental Health

- Amitriptyline (ELAVIL) 10 mg tablet PO at bedtime
- Amitriptyline (ELAVIL) 25 mg tablet - _____ mg PO daily at bedtime
- BuPROPion SR 12-HR (WELLBUTRIN SR) 150 mg tablet PO twice daily
- BusPIRone (BUSPAR) 5 mg tablet - _____ mg PO twice daily
- Citalopram 10 mg tablet - _____ mg PO once daily in the morning
- DULoxetine (CYMBALTA) 30 mg DR capsule - _____ mg PO once daily in the morning
- FLUoxetine (PROZAC) 10 mg capsule - _____ mg PO once daily in the morning
- HydrOXYzine HCl (ATARAX) 25 mg tablet - _____ mg PO every 6 hours as needed for anxiety
- LORazepam (ATIVAN) 0.5 mg tablet - _____ mg PO every 8 hours as needed for anxiety
- Mirtazapine (REMERON) 15 mg tablet - _____ mg PO once daily at bedtime
- PARoxetine (PAXIL) 10 mg tablet - _____ mg PO once daily in the morning
- QUetiapine (SEROQUEL) 25 mg tablet - _____ mg PO **once** / **twice** daily
- Sertraline (ZOLOFT) 25 mg tablet - _____ mg PO once daily at bedtime
- TraZODone (DESYREL) 50 mg tablet - _____ mg PO once daily at bedtime
- Venlafaxine IR (EFFEXOR) 25 mg tablet - _____ mg PO twice daily
- Venlafaxine ER (EFFEXOR XR) 37.5 mg capsule - _____ mg PO once daily in the morning
- Zolpidem (AMBIEN) 5 mg tablet - _____ mg PO daily at bedtime as needed

Endocrinology

- GlipiZIDE (GLUCOTROL) 5 mg tablet - _____ mg PO **once** / **twice** daily
- Insulin detemir (LEVEMIR) 100 unit/mL subQ solution - _____ units subQ once daily at bedtime
- Insulin NPH (NOVOLIN N) 100 unit/mL suspension - _____ units subQ before breakfast and _____ units subQ before evening meal
- Insulin aspart (HUMALOG) 100 unit/mL subQ solution - _____ units subQ with breakfast, _____ units subQ with lunch, and _____ units subQ with evening meal
- Insulin regular (NOVOLIN R) 100 unit/mL subQ solution - _____ units subQ with breakfast, _____ units subQ with lunch, and _____ units subQ with evening meal
- Insulin aspart (HUMALOG) 100 unit/mL subQ solution** - Administer four times daily with meals and at bedtime per sliding scale as follows (must check one):

	<input type="checkbox"/> Mild Sliding Scale:	<input type="checkbox"/> Moderate Sliding Scale	<input type="checkbox"/> Strong Sliding Scale
BG ≤150	0 units	0 units	0 units
BG 151-200	1 unit	2 units	3 units
BG 201-250	2 units	4 units	6 units

PATIENT STICKER PLACED HERE

BG 251-300	3 units	6 units	9 units
BG 301-350	4 units	8 units	12 units
BG 351-400	5 units	10 units	15 units
BG \geq401	6 units	12 units	18 units

- Levothyroxine (LEVOXYL, SYNTHROID) 25 mcg tablet - _____ mcg once daily in the morning
- MetFORMIN (GLUCOPHAGE) 500 mg tablet - _____ mg PO **once** / **twice** daily
- PredniSONE (DELTASONE) 5 mg tablet - _____ mg PO once daily in the morning

Miscellaneous

- DiphenhydrAMINE (BENADRYL) 25 mg capsule PO every 6 hours daily as needed for itching
- Ferrous sulfate 325 mg (65 mg iron) tablet PO **once** / **twice** daily
- Finasteride (PROSCAR) 5 mg tablet PO once daily in the morning
- Hydroxychloroquine (PLAQUENIL) 200mg tablet - 400 mg PO once daily in the morning for _____ days
- Nicotine 21 mg/24 hrs transdermal patch applied topically once daily in the morning
 - Remove previous day's transdermal patch with new patch application
- Nicotine 14 mg/24 hr transdermal patch applied topically once daily in the morning
 - Remove previous day's transdermal patch with new patch application
- Oxybutynin (DITROPAN) 5 mg tablet - _____ mg PO twice daily
- Tamsulosin (FLOMAX) 0.4 mg capsule PO once daily in the evening
- Thiamine (Vitamin B1) 100 mg tablet - _____ mg PO once daily in the morning

Patient Specific Medication Needs

(Full instructions necessary for dispensing from retail pharmacy for a 5-day supply)

- _____
- _____
- _____
- _____
- _____

*** This protocol is not meant to be restrictive. Clinical judgment may indicate alternative management ***

MD Signature _____ **Date:** _____ **Time:** _____
Preferred contact (phone number):

**Milwaukee Alternate Care Facility
Admission Order Set**

Admit order: Admit to ACF

Diagnosis:

Code status:

- Full Code
- DNR per referring facility (place bracelet on patient)

Diet:

- General
- Low calorie
- Low salt
- Vegetarian
- Clear liquid

IV:

- Capped IV access
- Flush every 12 hrs. with 0.9N/S
- Rate_____

Vital signs: Per standard protocol

Oxygen Weaning: Per standard protocol

Respiratory Care: Per standard protocol

Activity:

- No restrictions
- Up with assistance

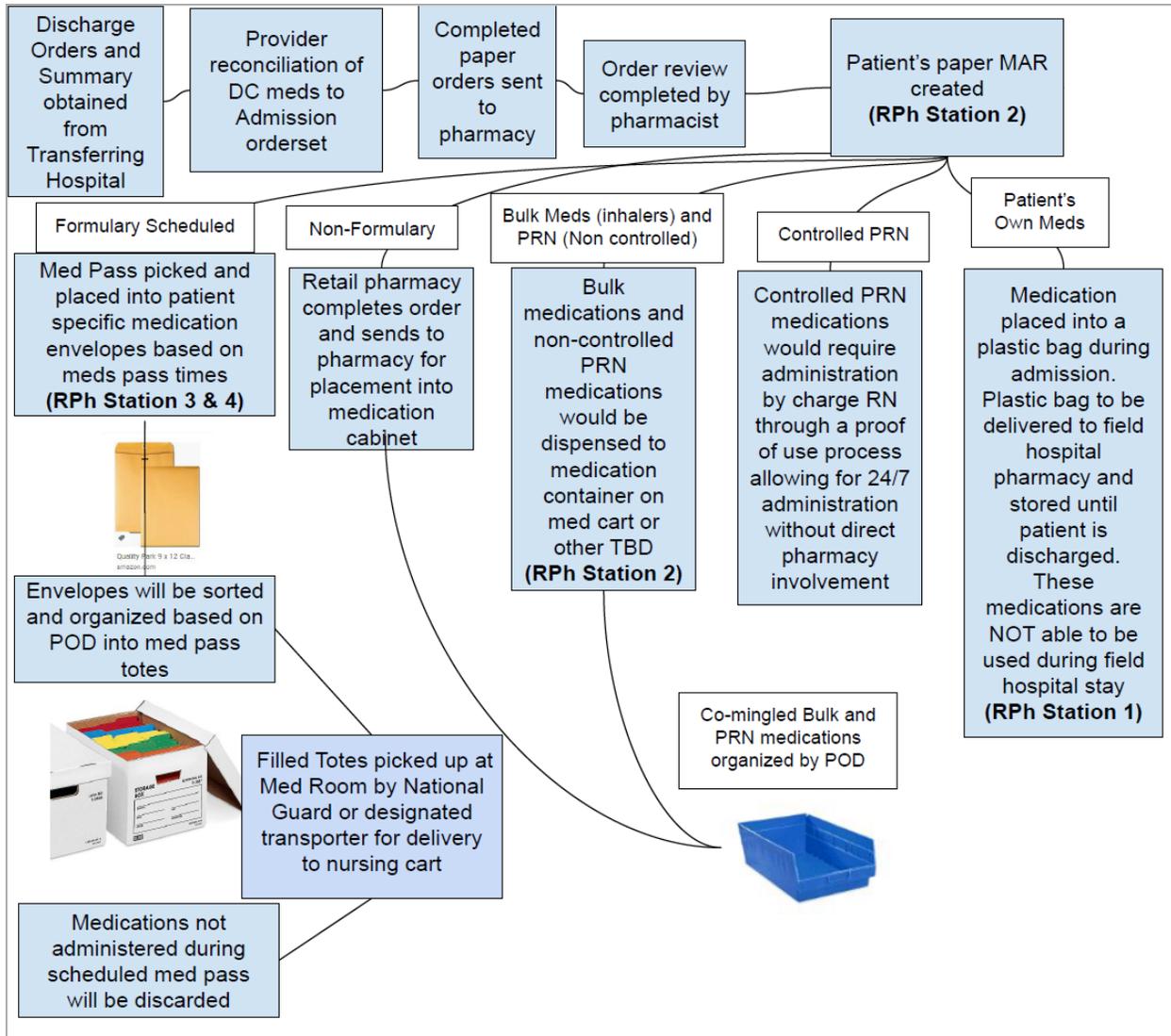
Labs: Baseline I-Stat (Na+, K+, Cl-, Bun/Cr, H/H, pH, pCO2)

Communication : Per Patient Decompensation Protocol

Medications: Per medication order set

Provider:_____ **Date**_____ **Time**_____

Milwaukee Alternate Care Facility Medication Workflow



Milwaukee Alternative Care Facility Medication Order Set

PATIENT STICKER PLACED HERE

- = Order will be implemented unless lined out.
- ☐ = Box must be d to indicate order.

ALLERGIES/INTOLERANCES/REACTION: _____

ADMITTING DIAGNOSIS: _____

MEDICATIONS:

Pain:

- Cyclobenzaprine (FLEXERIL) 5 mg tablet - _____ mg PO up to _____ times daily as needed for muscle spasm
- Gabapentin (NEURONTIN) 100 mg capsule - _____ mg PO **once** / **twice** daily
- Gabapentin (NEURONTIN) 300 mg capsule - _____ mg PO **once** / **twice** daily
- Ibuprofen (ADVIL, MOTRIN) 400 mg PO every 8 hours as needed for mild pain or fever
- HYDROcodone 5 mg/acetaminophen 325 mg (NORCO) PO every 4 hours as needed for moderate to severe pain
- OxyCODONE (ROXICODONE) 5 mg tablet - _____ mg PO every _____ hours as needed for moderate to severe pain
- TraMADol (ULTRAM) 50 mg PO every 6 hours as needed for moderate to severe pain

GI Prophylaxis / GI Upset / Bowel Regimens

- Bisacodyl (DULCOLAX) 5 mg EC tablet PO once daily as needed for constipation
- Loperamide (IMODIUM) 2 mg capsule PO every 6 hours as needed for loose stool
- Ondansetron (ZOFTRAN ODT) 4 mg orally-disintegrating tablet PO every 8 hours as needed for nausea/vomiting
- Pantoprazole (PROTONIX) 40 mg ECT PO once daily in the morning
- Polyethylene glycol 3350 (MIRALAX) 17 g powder packet PO once daily as needed for constipation
- Promethazine (PHENERGAN) 25 mg tablet PO every 6 hours as needed for nausea/vomiting
- Senna/docusate (PERI COLACE) 8.6 mg/50 mg tablet - _____ tablet(s) PO twice daily as needed for constipation

Anticoagulants / Antiplatelet Agents

- Apixaban (ELIQUIS) 2.5 mg tablet - _____ mg PO twice daily
- Xarelto (rivaroxaban) 10mg tablet- _____ mg PO ____ (with evening meal)
- Aspirin 81 mg chewable tablet - _____ mg PO once daily in the morning
- Clopidogrel (PLAVIX) 75 mg tablet PO once daily in the morning
- Enoxaparin (LOVENOX) 30 mg/0.3 mL injection subQ once daily in the morning for DVT prophylaxis
- Enoxaparin (LOVENOX) 40 mg/0.4 mL injection subQ once daily in the morning for DVT prophylaxis
- Warfarin (COUMADIN) 1 mg tablet - _____ mg PO once daily in the evening
- Warfarin (COUMADIN) 2.5 mg tablet - _____ mg PO once daily in the evening

IV Fluids

- 0.9% NaCl infusion @ _____ mL/hr for _____ hours

Electrolytes

- Magnesium oxide (MAG-OX) 400 mg tablet - _____ mg PO **once** / **twice** daily
- Phosphorus (PHOS-NAK) 250 mg powder packet - _____ packet(s) PO **once** / **twice** daily
- Potassium chloride 10 mEq SR tablet - _____ mEq PO **once** / **twice** daily

Milwaukee Alternative Care Facility Medication Order Set

PATIENT STICKER PLACED HERE

Infectious Disease

- Amoxicillin/clavulanate (AUGMENTIN) 875 mg/125 mg tablet PO twice daily for _____ days
- Azithromycin (ZITHROMAX) 250 mg tablet - _____ mg PO once daily in the morning for _____ days
- Azithromycin (ZITHROMAX) 500 mg/250 mL 0.9% NS (ADDvantage) IV over 60 minutes once daily in the morning for _____ days
- CefTRIAxone (ROCEPHIN) 1 gram IM once daily in the morning for _____ days
- Cefuroxime (CEFTIN) 250 mg tablet - _____ mg PO twice daily for _____ days
- Cephalexin (KEFLEX) 250 mg capsule - _____ mg PO twice daily for _____ days
- Ciprofloxacin (CIPRO) 250 mg tablet - _____ mg PO twice daily for _____ days
- Doxycycline monohydrate (ADOXA) 100 mg tablet PO twice daily for _____ days
- Doxycycline (DOXY 100) 100 mg/100 mL 0.9% NS (ADDvantage) IV over 60 minutes twice daily for _____ days
- LevoFLOxacIn (LEVAQUIN) 250 mg tablet - _____ mg PO once daily for _____ days
- MetroNIDAZOLE (FLAGYL) 500 mg tablet PO twice daily for _____ days

Cardiac Health

- Amiodarone (PACERONE) 200 mg tablet - _____ mg PO **once / twice** daily
- AmLODIPine (NORVASC) 2.5 mg tablet - _____ mg PO once daily the morning
- Carvedilol (COREG) 3.125 mg tablet - _____ mg PO twice daily
- DiITIAZem 24-HR (CARDIZEM CD) 120 mg capsule - _____ mg PO once daily in the morning
- DiITIAZem 24-HR (CARDIZEM CD) 180 mg capsule - _____ mg PO once daily in the morning
- Furosemide (LASIX) 20 mg tablet - _____ mg PO **once / twice** daily
- HydrALAZINE (APRESOLINE) 10 mg tablet PO twice daily
- HydrALAZINE (APRESOLINE) 25 mg tablet - _____ mg PO twice daily
- HydroCHLOROthiazide (HYDRODIURIL) 25 mg tablet - _____ mg PO once daily in the morning
- Isosorbide MONOnitrate ER (IMDUR) 30 mg tablet - _____ mg PO once daily in the morning
- Lisinopril (PRINIVIL, ZESTRIL) 2.5 mg tablet - _____ mg PO once daily in the morning
- Lisinopril (PRINIVIL, ZESTRIL) 20 mg tablet - _____ mg PO once daily in the morning
- Losartan (COZAAR) 25 mg tablet - _____ mg PO once daily in the morning
- Metoprolol tartrate (LOPRESSOR) 25 mg tablet - _____ mg PO twice daily
- Spironolactone (ALDACTONE) 25 mg tablet - _____ mg PO once daily in the morning

Respiratory Health

****All attempts should be made to utilize MDIs up to maximum recommended dosing as indicated before transitioning to using nebulizer solutions***

- Albuterol (PROAIR, VENTOLIN) 90 mcg/actuation MDI - 1 to 2 puffs by mouth every 4 hours as needed for wheezing or shortness of breath (*maximum dosing: 4 to 8 inhalations every 20 minutes for 3 doses, then taper as tolerated*)
- Albuterol 2.5 mcg/3 mL (0.083%) nebulizer solution - 1 vial by nebulizer every 4 to 6 hours as needed for wheezing or shortness of breath (*maximum dosing: 1 to 2 vials via nebulizer every 20 minutes for 3 doses, then taper as tolerated*)
- Fluticasone furoate (ARNUITY ELLIPTA) 100 mcg/inhalation DPI - _____ inhalation(s) by mouth once daily

Milwaukee Alternative Care Facility Medication Order Set

- Fluticasone furoate/vilanterol (BREQ ELLIPTA) 100 mcg-25 mcg/inhalation DPI - 1 inhalation by mouth once daily

PATIENT STICKER PLACED HERE

- Ipratropium/albuterol (DUONEB) 0.5 mg-2.5 mg(base)/vial nebulizer solution - 1 vial via nebulizer every 4 to 6 hours as needed for wheezing or shortness of breath (*maximum dosing: 1 vial via nebulizer every 20 minutes for 3 doses, then as needed*)
- Umeclidinium (INCRUSE ELLIPTA) 62.5 mcg/inhalation DPI - 1 inhalation by mouth once daily
- Umeclidinium/vilanterol (ANORO ELLIPTA) 62.5 mcg-25 mcg/inhalation DPI - 1 inhalation by mouth once daily

Neurology

- Divalproex sodium (DEPAKOTE ER) 250 mg ER tablet - _____ mg PO once daily
- Donepezil (ARICEPT) 5 mg tablet - _____ mg PO once daily at bedtime
- LevETIRAcetam (KEPPRA) 250 mg tablet - _____ mg PO twice daily
- Topiramate (TOPAMAX) 25 mg tablet - _____ mg PO **once** / **twice** daily

Mental Health

- Amitriptyline (ELAVIL) 10 mg tablet PO at bedtime
- Amitriptyline (ELAVIL) 25 mg tablet - _____ mg PO daily at bedtime
- BuPROPion SR 12-HR (WELLBUTRIN SR) 150 mg tablet PO twice daily
- BusPIRone (BUSPAR) 5 mg tablet - _____ mg PO twice daily
- Citalopram 10 mg tablet - _____ mg PO once daily in the morning
- DULoxetine (CYMBALTA) 30 mg DR capsule - _____ mg PO once daily in the morning
- FLUoxetine (PROZAC) 10 mg capsule - _____ mg PO once daily in the morning
- HydroXYzine HCl (ATARAX) 25 mg tablet - _____ mg PO every 6 hours as needed for anxiety
- LORazepam (ATIVAN) 0.5 mg tablet - _____ mg PO every 8 hours as needed for anxiety
- Mirtazapine (REMERON) 15 mg tablet - _____ mg PO once daily at bedtime
- PARoxetine (PAXIL) 10 mg tablet - _____ mg PO once daily in the morning
- QUETiapine (SEROQUEL) 25 mg tablet - _____ mg PO **once** / **twice** daily
- Sertraline (ZOLOFT) 25 mg tablet - _____ mg PO once daily at bedtime
- TraZODone (DESYREL) 50 mg tablet - _____ mg PO once daily at bedtime
- Venlafaxine IR (EFFEXOR) 25 mg tablet - _____ mg PO twice daily
- Venlafaxine ER (EFFEXOR XR) 37.5 mg capsule - _____ mg PO once daily in the morning
- Zolpidem (AMBIEN) 5 mg tablet - _____ mg PO daily at bedtime as needed

Endocrinology

- GlipiZIDE (GLUCOTROL) 5 mg tablet - _____ mg PO **once** / **twice** daily
- Insulin detemir (LEVEMIR) 100 unit/mL subQ solution - _____ units subQ once daily at bedtime
- Insulin NPH (NOVOLIN N) 100 unit/mL suspension - _____ units subQ before breakfast and _____ units subQ before evening meal
- Insulin aspart (HUMALOG) 100 unit/mL subQ solution - _____ units subQ with breakfast, _____ units subQ with lunch, and _____ units subQ with evening meal

Milwaukee Alternative Care Facility Medication Order Set

- Insulin regular (NOVOLIN R) 100 unit/mL subQ solution - _____ units subQ with breakfast, _____ units subQ with lunch, and _____ units subQ with evening meal

PATIENT STICKER PLACED HERE

- Insulin aspart (HUMALOG) 100 unit/mL subQ solution** - Administer four times daily with meals and at bedtime per sliding scale as follows (must check one):

	<input type="checkbox"/> Mild Sliding Scale:	<input type="checkbox"/> Moderate Sliding Scale	<input type="checkbox"/> Strong Sliding Scale
BG ≤150	0 units	0 units	0 units
BG 151-200	1 unit	2 units	3 units
BG 201-250	2 units	4 units	6 units
BG 251-300	3 units	6 units	9 units
BG 301-350	4 units	8 units	12 units
BG 351-400	5 units	10 units	15 units
BG ≥401	6 units	12 units	18 units

- Levothyroxine (LEVOXYL, SYNTHROID) 25 mcg tablet - _____ mcg once daily in the morning
- MetFORMIN (GLUCOPHAGE) 500 mg tablet - _____ mg PO **once** / **twice** daily
- PredniSONE (DELTASONE) 5 mg tablet - _____ mg PO once daily in the morning
- Dexamethasone 6mg once daily for ____ days (COVID-19 dosing x 10 days total)

Miscellaneous

- DiphenhydrAMINE (BENADRYL) 25 mg capsule PO every 6 hours daily as needed for itching
- Ferrous sulfate 325 mg (65 mg iron) tablet PO **once** / **twice** daily
- Finasteride (PROSCAR) 5 mg tablet PO once daily in the morning
- Nicotine 21 mg/24 hrs transdermal patch applied topically once daily in the morning
- Remove previous day's transdermal patch with new patch application
- Nicotine 14 mg/24 hr transdermal patch applied topically once daily in the morning
- Remove previous day's transdermal patch with new patch application
- Oxybutynin (DITROPAN) 5 mg tablet - _____ mg PO twice daily
- Tamsulosin (FLOMAX) 0.4 mg capsule PO once daily in the evening
- Thiamine (Vitamin B1) 100 mg tablet - _____ mg PO once daily in the morning

Patient Specific Medication Needs

(Full instructions necessary for dispensing from retail pharmacy for a 5-day supply)

- _____
- _____
- _____
- _____
- _____

*** This protocol is not meant to be restrictive. Clinical judgment may indicate alternative management ***

Milwaukee Alternative Care Facility Medication Order Set

MD Signature _____ Date: _____ Time: _____
Preferred contact (phone number): _____

