Drug Recalls

Highlights	Policy Statement
	Our facility shall honor drug recall notifications.
	Policy Interpretation and Implementation
Notification of Drug Recalls	1. The dispensing pharmacy and/or Consultant Pharmacist will notify the facility of any drug recalls.
Procedures to Implement for Drug Recalls	2. Upon receiving a drug recall notification from any reliable source: a. The Director of Nursing Services or the Consultant Pharmacist will inspect the facility's medical supplies for the recalled item; and b. If the recall item is in stock, it will be removed from the inventory and returned to the supplier in accordance with the recall notice.
Inventory Records and Drug Recalls	3. The Director of Nursing Services, or designee, will document records concerning removal of such supplies.
Informing Staff of Recalled Medications	4. In conjunction with the Consultant Pharmacist, the Director of Nursing Services and Medical Director will ensure that all Nurses and Attending Physicians are informed that a medication has been recalled, and will identify any specific precautions that should be followed, or symptoms that might result from the medication.
Withholding/ Discontinuing Recalled Medications	5. Nursing staff will withhold known recalled medications and will notify a physician promptly. They will ask the physician for an order to discontinue the medication, and discuss whether another medication is indicated and whether they should take any measures (e.g., intensified monitoring, lab tests, etc.) related to the recalled medication.
Monitoring Residents Who Have Been Taking Recalled Medications	6. The Nursing staff will closely monitor individuals who have been taking a recalled medication for problematic signs and symptoms for at least 24 hours after the last dose is given, or longer if indicated by the recall notice or the anticipated duration of effects or side effects of the recalled medication.

References	
OBRA Regulatory Reference Numbers	483.60(a)
Survey Tag Numbers	F425
Related Documents	
Policy Revised	Date:_____ By:_____ Date:_____ By:_____ Date:_____ By:_____ Date:_____ By:_____