

## Provincial Drugs & Therapeutics Committee

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## Automatic Stop Orders

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The implementation of significant changes to Automatic Stop Orders (ASOs) in Provincial hospitals will begin immediately with estimated completion on June 7, 2013. These changes – which include the removal of several ASOs - were approved by the Provincial Drugs & Therapeutics Committee and are outlined in the attached chart. Furthermore, the term Medication Reassessment Alert (MRA) will be adopted to replace the term ASO.

### Rationale:

- While ASOs may help prevent prolonged drug therapy, there is also evidence indicating they can inadvertently add to the risk of drug-related problems. ASOs take considerable time to enforce and monitor and will not function exactly as they did on paper once CPOE Phase II is implemented. For these reasons the current ASO list was reviewed and amended.
- The term automatic stop order can be misleading as it implies that the associated medication is stopped – whether reviewed or not. This does not apply to all ASOs and therefore the term Medication Reassessment Alert (MRA) will be used in place of ASO.

### Key Points:

- Prescribers may include a reassess time in the original order (either in writing or in the order comments once CPOE is implemented) if they wish to be prompted for order reassessment. This will facilitate the addition of a soft stop to the order and will generate a Medication Reassessment Alert based on the specified reassess date.
- Prescribers have the option of including the duration of therapy in the original order which will override any associated MRA. In these cases a physician stop will be applied to the order and there will not be an MRA generated. Once the order's specified time has elapsed the medication supply from pharmacy is stopped and the order is discontinued on the electronic chart.

### References:

Lakhani A and McKenna S. Point counterpoint: should automatic stop-order policies be used in hospitals to promote rational use of antibiotics? CJHP 2008;61(1):60-62.  
U D. Medication safety alerts: automatic stop-order policies: a time for review. CJHP 2000;53(4):277-279.  
Let's put a stop to problem-prone automatic stop order policies. ISMP Medication Safety Alert! 9 Aug 2000.  
[http://www.ismp.org/newsletters/acutecare/articles/20000809\\_2.asp](http://www.ismp.org/newsletters/acutecare/articles/20000809_2.asp). Accessed 11 Jan 2013.

## Medication Reassessment Alerts

Medication	Previously	Amendment	Rationale
Anti-infectives (oral)	10 days (s)	4 days (s)	Once MRA is reached, C&S, laboratory and diagnostic imaging report results should be available for re-assessment of most appropriate therapy, taking into account the clinical response of the patient.
Anti-infectives (parenteral)	4 days (s)	4 days (s)	Once MRA is reached, C&S, laboratory and diagnostic imaging report results should be available for re-assessment of most appropriate therapy, taking into account the clinical response of the patient. Re-assess the appropriateness of IV to PO conversion.
Anti-infectives (topical/eye/ear); nystatin oral liquid	10 days (s)	10 days (s)	Re-assess based on clinical response.
Antiretrovirals, ethambutol, isoniazid	No MRA	No MRA	Usually long term therapy.
Anticoagulants (low molecular weight heparins, heparin, fondaparinux)	7 days (s)	7 day (s)	No change at this time. Review MRA policy for anticoagulants after CPOE implementation.
Warfarin	7 day (s)	14 day (s)	MRA extended based on physician feedback
Ketorolac (oral and parenteral)	5 days (s)	5 days (p)	Prevent renal and GI adverse events
Pantoprazole IV	3 days (s)	No MRA	Re-assess based on clinical response (ability to tolerate PO)
Amphetamines and Stimulants	10 days (s)	No MRA	Often chronic therapy
Narcotics (Verbal Rx, e.g. Tylenol #3)	30 days (s)	No MRA	Re-assess based on clinical response (acute vs. chronic therapy)
Narcotics (Written Rx e.g. morphine, methadone)	10 day (s)	No MRA	Re-assess based on clinical response (acute vs. chronic therapy)
Meperidine	10 days (s)	2 days (p)	Avoid accumulation of toxic metabolites
TPN	7 days (s)	No MRA	Re-assess based on clinical response (e.g. nutrition status, labs)

**(s) = Soft stop:** MRA notification is communicated 24 hours prior to the soft stop date being reached. The order remains active in the electronic chart, tasks are still generated for nursing and medication supply continues from pharmacy (until the order is discontinued).

**(p) = Physician stop:** Order is discontinued with no notification. No further medication is sent from Pharmacy.

**No MRA:** The order is considered valid until specifically discontinued, the patient is discharged, or 365 days have elapsed.

### References:

Meperidine (Demerol®): Issues in Medication Safety. *ISMP Canada Safety Bulletin* August 2004; 8(4).

Product Monograph: Ketorolac Tromethamine Injection, USP. Pharmaceutical Partners of Canada Inc. 14 Jan 2008.