



TO: WVEMS Agencies, Hospitals, Medical Directors and Emergency Physicians

FROM: Joe Ciezkowski, Chairman, WVEMS Pharmacy Committee

RE: PAPER DOCUMENTATION FOR DRUG BOX EXCHANGE


Effective **Friday, February 11, 2011**, a signed, hard-copy documentation of all drugs administered and wasted will be required for every drug box exchanged in the Western VA EMS Council region. All new drug boxes received from the hospital after this date will have the form inside, and must be filled out to document all drugs used and wasted, **with physician signature**, prior to presenting the drug box for exchange. For all boxes currently in use in the region, forms will be available at the hospital where you exchange your drug box and must be filled out before exchange of that box. You may continue to obtain the electronic signature on your tablets; however, that does not exempt the requirement for the paper documentation.

This policy is implemented based on the Drug Enforcement Administration ruling effective on June 1, 2010, (Federal Register publication 75 FR 16236 [Docket No. DEA-218, RIN1117-AA16]). This ruling permits pharmacies, hospitals and practitioners to use modern technology for controlled substance prescriptions while maintaining the closed system on controlled substances however, does not make acceptable electronic signatures on prehospital care reports until the various applications and devices used in the field setting are certified by a recognized third party to comply with the new DEA standards and criteria.

Your cooperation in meeting this requirement is appreciated. Failure to do so subjects the hospital pharmacies to the potential of citations and or penalties from the DEA and Virginia Board of Pharmacy and could jeopardize our Regional Drug Box Exchange Program.

If you have any questions concerning this matter please contact Deborah T. Akers, Regional Education Coordinator, via email at dakers@vaems.org or by calling 540-562-3482.

Thank you for your dedication to prehospital emergency care.

		PHARMACY EXCHANGE FORM																													
MM / DD / YYYY	INCIDENT NUMBER:	OLD DRUG BOX NUMBER																													
PATIENT NAME (Last, First MI) (Place Patient Sticker if available)	DATE OF BIRTH	NEW DRUG BOX NUMBER																													
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