

PARKVIEW DEKALB HOSPITAL

DeKalb, Indiana

MEDICAL STAFF

RULES AND REGULATIONS

PARKVIEW DEKALB HOSPITAL
Auburn, Indiana

MEDICAL STAFF

RULES AND REGULATIONS

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**PARKVIEW DEKALB HOSPITAL
MEDICAL STAFF RULES AND REGULATIONS**

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Such Rules and Regulations shall be part of the Bylaws except that they may be amended without prior notice at any regular Medical Staff meeting by two thirds (2/3) vote of the Active Medical Staff. Such amendments likewise require approval of the Hospital Board of Directors

ARTICLE I: ADMISSION AND DISCHARGE OF PATIENTS

Section 1. Admission of Patients

- A. No admission will be denied where the life or well-being of the patient might be in danger.
- B. Patients suffering from all types of diseases shall be admitted at the discretion of the Attending Physician and within the limitations of the Hospital to adequately provide care.
- C. Patients may be admitted to the Hospital only by members of the Medical Staff who have been granted Clinical Privileges by the Board of Directors to do so.
- D. Only Practitioners with the degree of M.D. or D.O. may admit patients. A physician member of the Medical Staff shall be responsible for the admission and for the care of any medical problems that may be present at the time of admission or that may arise during hospitalization for any patient under the care of a podiatrist or dentist.
- E. Except in emergency, no patient shall be admitted to the Hospital until after a provisional diagnosis has been stated by the admitting physician. In case of emergency, the provisional diagnosis shall be stated within 24 hours of admission.
- F. All admitted patients shall be assigned to the department or section concerned in the treatment of the diseases which necessitated admission.
- G. Patients requiring admission on an emergency basis, who have no Attending Physician or family doctor with Privileges at Parkview DeKalb Hospital, shall be assigned to a member of the Staff (as per the unattached call schedule) or to the Hospitalist Service.
- H. Physicians admitting patients shall be held responsible to give such information as may be necessary to assure the protection of other patients from those who are a source of danger from any cause whatsoever, and/or to assure protection of the patient from self-harm.
- I. Patients shall not be admitted to the Hospital without orders for treatment from a Medical Staff member.

Section 2. Discharge/Transfer of Patients

- A. Patients shall be discharged only on order of the Attending Physician.
- B. Should a patient leave the Hospital against the advice of the Attending Physician, or without proper discharge, a notation of the incident shall be made in the patient's Medical Record and the Release from Responsibility for Discharge Form shall be signed by the patient and be placed in the patient's chart. Should the patient refuse to sign this form, that refusal shall be noted in the record.
- C. Should a patient be transferred to another hospital for care, the Attending Physician shall arrange for the transfer by contacting a physician willing to accept the patient at the receiving facility and will ensure that the receiving facility has the capacity as well as the level of care required to care for his patient. The Attending Physician shall explain the risks and/or benefits of the transfer to the patient and/or family and shall complete the required transfer forms.
- D. When a patient is transferred to a Skilled Nursing Facility, it is the responsibility of the Attending Physician to complete the required transfer forms.
- E. In the event of a Hospital death, the deceased shall be pronounced dead by a physician Member of the Medical Staff (M.D. or D.O.) or 2 (two) Registered Nurses as per associated death policies.

Section 3. Observation Patients

Observation services are those services furnished on the Hospital's premises, including use of a bed with periodic monitoring by the Hospital nursing staff or other personnel, which are reasonable and necessary to evaluate an outpatient's condition to determine the need for a possible admission to the Hospital as an inpatient. Documentation of the medical necessity of continued stay is required by the responsible physician.

ARTICLE II: CONSULTATIONS

Section 1: Required consultations

In order to ensure the highest quality of care for our patients, consultation with another member of the Medical Staff shall be required in the following circumstances. Where the diagnosis is significantly obscure after ordinary diagnostic procedures have been completed. Where there is doubt as to the choice of therapeutic measures to be utilized. In any circumstance where specialized procedural skills of other practitioners are required. Whenever requested by the patient or his/her legally designated health care decision maker.

Section 2: Requesting consultations

The Attending Physician shall be primarily responsible for requesting consultation when indicated. He/she shall be responsible for providing the consultant with the necessary history to assist him/her in the evaluation and for authenticating the order requesting the consultation.

ARTICLE III: AUTOPSIES

All physicians are encouraged to obtain permission for an autopsy in cases of unusual deaths of medical, legal, or educational interest. Likewise, physicians shall request notification of the coroner whenever a death is of such a nature that he/she is required by Indiana law to do so. Findings from autopsies are used as a source of clinical information in quality assessment and improvement activities. No autopsy shall be performed without written consent of the family involved except in cases requiring coroner intervention. The Attending Physician shall be notified by the nursing staff or pathologist when an autopsy is to be performed. All autopsies shall be performed by the Hospital pathologist or his/her designee. In cases referred to the coroner. The pathologist designated to perform the autopsy shall be at the coroner's discretion.

ARTICLE IV: OBSTETRICS

Limited (1st and 2nd trimester non-emergent consultations) OB services are provided. All other OB patients will be stabilized by Emergency Room Physicians and transported to a hospital with OB services.

ARTICLE V: CONSTANT CARE UNIT

The Constant Care Unit is designed to meet the needs of the critically ill patient whose condition could potentially be reversed through intensive medical and nursing care. It provides a concentration of specialized personnel and equipment for the purpose of constant observation, monitoring, and intervention.

Section 1. CONSTANT CARE UNIT Admitting Physicians/Orders

All patients admitted to the Constant Care Unit shall have a clearly delineated Attending Physician to co-ordinate their care. This may be the patients' primary care physician, or at times this may be delegated to a consultant who assumes care. Upon admission and discharge from the Constant Care Unit all previous orders will be cancelled and must be rewritten by the Attending Physician.

Section 2. CONSTANT CARE UNIT Patients Those patients who are candidates for admission to the Constant Care Unit include the following:

- A. Patients with cardiac conditions including acute myocardial infarction (known or suspected), acute or severe congestive heart failure, cardiac arrhythmias, and unstable angina.
- B. Patients in shock (of any origin)
- C. Patients requiring mechanical ventilation (including required sedation, if applicable)
- D. Any patient requiring IV drips of vasoactive medications including but not limited to Dopamine, Dobutamine, Nitroglycerin, Nipride, Cardizem, Lidocaine, Primacor, and Natreacor, Patients on these medications are not to be treated anywhere but the Constant Care Unit.

- E. Patients requiring intensive nursing care (e.g. diabetic ketoacidosis, hypertensive crisis)
- F. Patients requiring short-term intensive observation (e.g. post anesthesia recovery after surgery hours, drug overdose).

ARTICLE VI: EMERGENCY SERVICES

Section 1. Emergency Department Physician Coverage

- A. In order to assure the availability of adequate professional medical coverage in the Emergency Department, the Hospital contracts for twenty-four-hour physician coverage. These Contract Physicians are credentialed and granted Privileges in the same manner as all other members of the Medical Staff.
- B. Any member of the Medical Staff may assess and treat his/her patients in the Emergency Department within the scope of his/her Privileges, however, all patients presenting to the Emergency Department for treatment shall be placed in the regular triage rotation and shall be seen by either their Attending physician or the Emergency Department physician whichever is more timely.
- C. Members of the Active Medical Staff shall participate in call coverage of the Emergency Department for unattached patients on a rotating basis.

Section 2. Emergency Department Physician Responsibilities

- A. All patients presenting to the Emergency Department shall receive a Medical Screening Exam.
- B. The Emergency Department physician will be available on the Hospital grounds while on duty and shall respond to all Hospital disasters including "Code Blues".
- C. Except in cases where any delay would jeopardize patient safety, the Emergency Department physician will contact the local primary care physician or his/her on call designee prior to transferring a patient to another hospital or obtaining consultation with another physician.
- D. Whenever a patient is determined by the Emergency Room physician to require Admission, the Emergency Room physician shall notify a Medical Staff Member with appropriate admitting privileges, prior to admitting the patient.
- E. Any physician caring for a patient in the Emergency Department shall complete the Medical Record as outlined in the Medical Record Rules and Regulations.
- F. Whenever the transfer of a patient to another hospital is deemed necessary, the Emergency Department physician or other member of the Medical Staff directly caring for the patient will arrange for transfer in compliance with EMTALA guidelines.
- G. The Emergency Department physician is responsible for medical control for Emergency Medical Service (EMS) ambulance runs.

Section 3. Emergency Department Procedures

- A. Except in dire emergencies, no operative procedure shall be performed in the Emergency Department that would normally be done in the operating suite.
- B. The Emergency Room physician or Attending physician shall see all patients prior to ordering diagnostic tests. Exception to this shall be made when the physician is otherwise professionally engaged and a delay in testing may jeopardize patient safety or when a specific diagnostic protocol exists and is implemented (e.g. EKG immediately on all adult patients presenting with chest pain).
- C. Patients with conditions whose definitive care is beyond the capabilities of Parkview DeKalb Hospital will be referred to the appropriate facility whenever the patients' condition permits such transfer.
- D. In the instance that the preliminary diagnostic radiology report differs substantially from the final findings, the patient shall be notified in the following manner. The Radiologist shall notify the Emergency Room Physician currently on duty of the discrepancy. The Emergency Room Physician on duty shall notify the patient and their Attending Physician. Any follow-up treatment/testing that may be required shall be coordinated between the Attending, the Emergency Room physician, and the patient.

Section 4. Emergency Mass Casualty Assignments

There shall be a plan for the care of mass casualties at the time of any major disaster based upon the Hospital's capabilities in conjunction with other emergency facilities in the community. In the event of an emergency with mass casualties, all physicians shall be assigned to posts either in the Hospital or in casualty stations elsewhere. It is the physician's responsibility to report to such assigned stations. The Hospital Chief Operating Officer or designee, the house supervisor, and the Emergency Room Physician on duty will work as a team to coordinate activities and directions. All policies concerning patient care will be the joint responsibility of such persons and, in their absence, the persons next in line of authority respectively. All physicians on the Medical Staff specifically agree to relinquish direction of the professional care of their patients in cases of such emergency.

ARTICLE VII: SURGERY

Section 1. Creating Policies, Procedures, Rules, and Regulations

Surgery Policies and Procedures, in addition to the Medical Staff Rules and Regulations, shall be established by the collaborative efforts of the operating room personnel, the Clinical Advisors for Surgery and Anesthesia, and other members of the Medical Staff as required. Such policies and rules shall address consents, scheduling, pre-operative assessments, who can visit, tissue examinations, and anesthesia services.

Section 2. Consents

For all surgeries, the physician will explain to the patient or his/her guardian the procedure to be performed and the risks, benefits, and alternatives for this procedure (including the use of blood and desire for resuscitation status). Subsequently, a written consent will be given to the patient or guardian to read and sign (see below). The surgeon shall also sign the consent and this form shall then be made a part of the patients' chart. In like fashion, a consent for anesthesia or sedation analgesia is required and must be signed by the patient or guardian and the anesthesiologist/CRNA. All consent forms shall be dated and are valid for 30 (thirty) days. In the case of sterilization procedures for patients with Medicaid coverage, consent shall be signed at least 30 (thirty) days prior to the procedure, the patient must be at least 21 (twenty-one) years of age at the time the consent is signed, and a second consent must be signed prior to the actual surgery.

The following is a designation of who can sign the consent:

- A. The consent for a surgical procedure (including the use of blood) shall be signed by the patient or his legal representative in all surgical cases other than emergencies. In an emergency, the patients' spouse or family member may sign the consent.
- B. If the patient is 18 years of age or older, and is deemed competent, he shall sign the written consent at least with an "X" and this shall be witnessed by at least one person.
- C. If the patient is under 18 years of age and not emancipated, or the patient has been declared mentally incompetent, the signature of a parent or legally appointed guardian is required.
- D. In cases where the patient is a minor or is unable to sign, and a family member or guardian is not present, a verbal consent by telephone will be permitted if monitored by two members of the Hospital staff who will then sign the consent.
- E. In the case of separated parents, the parent having legal custody must sign the consent. In this parents' absence, the parent with physical custody may sign.
- F. If the patient is a minor, and the parent is also a minor, the minor parent is considered by Indiana law to be competent to sign the consent for their child.
- G. An emancipated minor can give consent for his/her own treatment. An emancipated minor is a person under age 18 who lives away from his/her parents and is self-supporting, or who is married and living with his/her spouse, or who is in the armed services.

Section 3. Scheduling of Surgery

- A. The manager of surgery or his/her designee shall have full authority in the scheduling and rescheduling of surgery.
- B. The operative schedule will routinely begin at 0700. Exceptions to this start time may be made by the surgery manager or his/her designee.

- C. Scheduling elective surgical cases should be accomplished as far in advance as possible and should occur during the duty hours of the surgery manager.
- D. If the surgeon is delayed and wishes to change the scheduled surgery time, he/she or his representative shall notify the surgery manager and an attempt will be made to accommodate the change. In this instance, however, scheduled cases that are on time will have first priority.
- E. If the surgeon wishes to cancel a case, it is his/her responsibility to inform the surgery manager or his/her designee and all others involved.
- F. If the operating room availability is delayed, it is the responsibility of the surgery manager or his/her designee to notify the surgeon and to make arrangements to accommodate the surgeon if possible.
- G. It is the responsibility of the surgeon or his/her representative to notify the surgery manager or clinical nurse lead or the house supervisor in emergency surgical cases.
- H. Emergency surgical cases always have priority when scheduling. Emergency surgery is defined as surgery which if delayed will compromise patient safety and could result either in, permanent disability, increased morbidity, or even death.
- I. To maintain a schedule of operation, the following requirements should be met:
 - 1. The patient should present to the hospital at least 2 (two) hours prior to surgery if having a general anesthetic, 3 (three) hours prior to surgery if having regional anesthetic, 2 (two) hours prior to surgery if having monitored anesthesia care (MAC) and 90 (ninety) minutes prior to surgery if having endoscopy procedures. (Children under 5 (five) years or age may present 60 (sixty) minutes pre-operatively)
 - 2. The anesthesiologist/CRNA should be in the Hospital 15 (fifteen) minutes before the scheduled time of surgery
 - 3. The surgeon should be in the Hospital 15 (fifteen) minutes before the scheduled time of surgery (earlier if he/she wants to see the patient prior to surgery)
- J. Pertinent information to be given at the time of scheduling will include:
 - 1. Patient's name, phone number, and birth date
 - 2. Operative procedure to be performed
 - 3. Exact site of the operation (right or left when applicable)
 - 4. Operative position
 - 5. Possibility of intra-operative X-ray or need for pathologist presence
 - 6. Probable length of case (particularly if different from the usually required)
 - 7. Specific anesthesiologist/CRNA (if specific one requested)
 - 8. Whether patient will be an inpatient or outpatient

9. Number of scrub persons needed
 10. Whether another physician will be assisting
 11. Insurance carrier (if any)
 12. Special equipment that may be required
- K. It is the responsibility of the surgeon to notify his assistant whenever surgical assistance is needed.
 - L. The surgeon will inform the patient of the date and time of surgery and who will be assisting. (if any assistance is required)
 - M. The surgeon will give the patient the pre-operative instructions and pre-admission information as required. Pre Admission Testing will confirm this with the patient.
 - N. The surgeon shall obtain consent for surgery. (preferably in his office for elective cases)
 - O. The surgeon shall be responsible for completing the required Medical Records pre and post-operatively as per the Medical Records Rules and Regulations in Article III of this document.

Section 4. Pre-operative Laboratory Requirements and Medical Clearance for Surgery

Parkview DeKalb Hospital does require some laboratory testing before surgery. The PAT department will place orders based on Pre-Anesthesia Protocol Guidelines as approved by anesthesia and the Medical Executive Committee. This will be done on an individual basis according to the patients' age, gender, and medical condition(s). PAT will arrange any pre-operative medical clearance felt to be warranted.

Section 5. Visitors

- A. To be present in the operating room, any visitor must have permission from the surgeon, anesthesia provider, surgery manager, and the patient. (See exception in Section 5D below.)
- B. No one shall be permitted in the operating room unless properly dressed with caps that cover hair, masks, Hospital scrubs, and shoe covers (for shoes worn outside the Hospital)
- C. The father or significant other (one maximum) may be permitted to observe Cesarean sections at the discretion of those listed above in Section 5 A. Any other visitor must be a Physician, RN, LPN, OR tech, Physician Assistant, Paramedic, Student in Medical School or Nursing School, or a sales person assisting in the evaluation of surgical supplies/equipment. In rare circumstances, an exception may be granted upon approval of those listed under Section 5 A.
- D. Those individuals directly involved in surveying the Hospital for purposes of licensure and/or accreditation may enter the operating room with only the consent of the patient. Such consent may be obtained by the surveyor or the Hospital staff at the surveyor's discretion.

Section 6. Tissue

All tissues removed at the time of surgery, except those listed on the tissue exempt list (see PolicyStat for Medical Staff Guidelines for Pathology) shall be sent to the Hospital pathologist who will make examinations as he/she may consider necessary to establish a pathological diagnosis or histological identification and he/she shall sign the report. The approved list of tissues or objects removed that do not require submission will be published by pathology.

Section 7. Enforcement of Surgery Rules and Regulations

The surgery manager has the responsibility and authority to enforce these rules which have the approval the Medical Executive Committee and the Board of Directors of Parkview DeKalb Hospital.

ARTICLE VIII: Anesthesia

Section 1. Responsibilities

- A. The Clinical Advisor for Anesthesia Services shall have overall administrative responsibility for the services provided and the quality of anesthesia care rendered anywhere in the Hospital. He/she shall be responsible for the development of policies relative to the functioning of the anesthesiologists in the various units. He/she shall report to the various Medical Staff Committees including the Clinical Committee, QRM Committee, Administrative Committee, and the Medical Executive Committee.
- B. Only those Clinicians who have had specialized training and/or experience and have been Privileged by the Hospital Board may administer anesthesia.
- C. A Certified Nurse Anesthetist whose scope of practice has been approved by the Medical Staff may administer anesthesia. Administration of anesthesia by a CRNA shall be under the supervision of the MD/DO who is performing the procedure. Supervision shall be demonstrated by the CRNA's documentation of a discussion of the Anesthesia plan with the surgeon preoperatively.
- D. Every surgical patient undergoing anesthesia shall be seen by an anesthesia provider for a pre-anesthetic evaluation. This shall be documented in the Medical Record.
- E. Consents for anesthesia shall be obtained as described in Section 2 of this Article.
- F. An Anesthesia Record is required for every patient undergoing anesthesia and shall contain the elements listed in Article IV Section 8 of this document.
- G. Documentation of pertinent information relative to the anticipated choice of anesthesia for the surgical or obstetrical procedure planned shall be done by the anesthesia provider pre-operatively (except in the case of an emergency precluding this).

- H. The A.S.A. patient classification and Mallampati score shall be part of the pre-operative documentation
- I. The anesthesia provider, after consulting with the surgeon, shall have the final decision concerning the type of anesthesia to be administered.
- J. Immediately prior to induction of anesthesia, the anesthesiologist/CRNA shall reassess the patients' condition and document his findings on the anesthesia record.
- K. The anesthesiologist/CRNA shall monitor and care for the patient at all times during the surgical procedure unless relieved by another Practitioner.
- L. The anesthesia record maintained during the procedure shall reflect the ongoing assessment and care of the patient.
- M. Post-operatively, the anesthesiologist/CRNA shall accompany the patient to the appropriate post-anesthesia care unit (POST ANESTHESIA RECOVERY or CONSTANT CARE UNIT) and shall advise the responsible personnel of specific problems presented by the patients' condition.
- N. The anesthesiologist/CRNA shall remain with the patient in the post anesthesia care unit for as long as is medically necessary to ensure patient safety.
- O. Standards for release from the PAR to any care area other than the CONSTANT CARE UNIT are as follows:
 - 1. Patients must be fully awake
 - 2. Vital signs must be stable
 - 3. The patient should have a score of eight (8) or higher on the Aldrete scale and if this is not the case, this must be explained either in the nurses notes or physician progress notes.
 - 4. The endotracheal tube must be removed (with rare exception and reason for exception documented by the physician)
- P. If the patients' condition does not meet these criteria, the patient should remain in PAR or be transferred to the CONSTANT CARE UNIT.
- Q. If the patient is an outpatient and requires more than the expected 4 to 6 hours' recovery time post-operatively the patient may be placed in observation status or admitted. Documentation of the medical necessity of the continued stay is required and is the responsibility of the surgeon or anesthesia provider.
- R. Documentation of a post anesthesia follow-up visit noting the presence or absence of anesthesia related complications shall be made on all inpatients within 48 (forty-eight) hours post-operatively.

Section 2. Anesthesia Equipment and Monitoring Requirements

- A. Anesthesia machines are to be used only in the operating rooms
- B. All anesthesia machines shall have the following safety devices available for use: oxygen analyzer, pressure and disconnect alarm, pin index safety systems, gas scavenging system, and oxygen pressure interlock system.
- C. Anesthesia equipment, apparatus, and machines shall be inspected and tested by the anesthesia provider before use and any defect reported.
- D. There shall be no flammable gases used in the operating room. (except oxygen)

- E. All anesthesia equipment shall have regular inspections by the Hospital Bio-medical Department.
- F. A pulse oximeter, anesthesia gas monitor, blood pressure monitor, cardiac monitor, and temperature monitor shall be available for all patients having general anesthesia
- G. Patients receiving conscious sedation shall be monitored with at least a blood pressure monitor, cardiac monitor, and pulse oximeter. If the conscious sedation is administered by the surgeon, a nurse shall be assigned to monitor the patient.
- H. Blood pressure will be monitored on all patients receiving local anesthesia.
 - I. Resuscitation equipment including a defibrillator, ambu bag, and medication for use per ACLS protocols shall be readily available in the surgical department.
- J. A fully stocked cart shall be available with a detailed written protocol for the treatment of Malignant Hyperthermia shall be readily available in the surgical department.
- K. Equipment for the prevention of hypothermia including warmers for IV solutions, hypothermia blankets, and patient warm air units shall be readily available

ARTICLE IX: PHARMACY

Section 1. Standards

All medications used at Parkview DeKalb Hospital shall meet the standards of the United States Pharmacopoeia and National Formulary, with the exception of those used for legitimate clinical trials which have been so documented.

Section 2. Stop Order Time Limitations

Orders for narcotics, sedatives, antibiotics, ketorolac injections, anti-coagulants, stimulants, and oxytocic medications shall be subject to automatic stop order time limitations as follows:

- A. Narcotics will automatically be discontinued 72 (seventy-two) hours after the initial order unless the physician rewrites the order.
- B. Sedatives, hypnotics, anti-coagulants, stimulants, antibiotics, and oxytocics will be discontinued 7 (seven) days after the initial order unless the physician rewrites the order.
- C. Keterolac injection will automatically be discontinued after 5 (five) days of therapy.

Medication shall not be discontinued without notifying the physician. If the order expires in the night, the medication will be continued until the following morning when it shall be brought to the physicians' attention.

Section 3. Hospital Formulary

The Hospital maintains a formulary, and each member of the Medical Staff shall follow this formulary unless in the judgment of the Practitioner it would jeopardize

patient safety to do so. Pharmacy policies exist for the procurement of non-formulary medications.

Section 4. Investigational Drugs

Investigational medications will not usually be utilized in the Hospital. In the event that the use of such a medication is requested by anyone on the Medical Staff, an appropriate protocol for its use will be formulated by the pharmacist and the ordering Practitioner in consultation with the chairman of the Clinical Committee. Significant concerns on the part of the pharmacist and Clinical Committee chair may preclude use of these medications in the Hospital.

Section 5. Placebos

While the use of placebos in the care of hospitalized patients is strongly discouraged, we recognize that unusual circumstances may warrant their administration. Any order for use of placebos shall be reviewed by the Quality & Resource Management Committee.

Section 6. Drug Security

Pharmaceuticals are to be locked in a secure area whenever a department is closed. Drug stocking levels are to be reviewed periodically by pharmacy and surgery personnel to insure appropriateness.

Section 7. Medication Orders

All medication orders must contain the name and dosage of the medication, the route that the medication is to be administered, the frequency with which it is to be given. All PRN medication orders must include the above and the indication for the medication to be given.

ARTICLE X: PODIATRISTS, DENTISTS and Optometrists

Podiatrists shall be responsible for a detailed podiatric history and examination on all patients they attend in the Hospital and a surgical report shall likewise be created for any procedure they perform in the Hospital. Dentists shall be responsible for a detailed history and examination of the oral cavity on any patient they attend in the Hospital and they shall create a surgical report for any procedure they perform as well. In like manner, optometrists shall be responsible for a detailed history and examination of the eyes on any patient they attend in the Hospital and they shall create a surgical report for any procedure they perform as well. As described in ARTICLE I Section 1 of these Rules and Regulations, however, a Medical Staff Member with an M.D. or D.O. degree must admit the patient for the podiatrist, dentist or optometrist and must care for any other medical condition either pre-operatively or post-operatively.

ARTICLE XI: PHYSICIAN COVERAGE

Active Medical Staff Members shall either provide or arrange for the provision of continuous coverage for their patients in the Hospital and for those presenting to the Emergency Department. Affiliate Medical Staff Members shall provide or arrange for continuous coverage for their hospitalized patients whenever they are the Attending Physician.

Active Medical Staff Members practicing in a specialty area shall provide any service for which they are Privileged to all patients requiring such services whenever they are on call. All Active Medical Staff Members shall take a “reasonable” amount of call to ensure continuous coverage for patients.

Active Medical Staff Members shall provide coverage for unattached patients. The Medical Staff Member responsible for this coverage on a given day will generally be determined by the utilization of an on-call schedule.

In the event patients presenting to the Hospital require the services of a physician who is scheduled to be unavailable, and there is no adequate on call back up, (i.e. when only one or two members of a specialty are on Active Staff), patients requiring this physician’s services will be transferred to a facility with appropriate provider availability.

All physicians shall inform the Hospital Emergency Department of the method by which they can be contacted; and, whenever they will be unavailable, the Physician shall provide instructions regarding an alternate Medical Staff Member to contact.

ARTICLE XII: RULES AND REGULATIONS FOR OTHER DEPARTMENTS

The Medical Staff may not make rules and regulations for other personnel in the Hospital.

ARTICLE XIII: ADOPTION/AMENDMENT

These Rules and Regulations have been reviewed and approved by the Medical Executive Committee and recommendation for their adoption is forwarded to the Board of Directors. They shall replace any previous Rules and Regulations and shall become effective when approved by the Governing Board of the Hospital.

ARTICLE XIV: RECORD OF DOCUMENT REVISIONS

APPROVED IN ENTIRETY:

Administrative Committee: 5/22/19, 2/14/2023
Medical Executive Committee: 6/11/19 , 2/21/2023
Board of Directors: 9/20/19, 3/03/2023

APPROVED CHANGES: 1/9/2020, 7/27/2021, 9/24/2024

RECORD OF DOCUMENT REVISIONS

MSEC Approval Date	Hospital Board Approval Date	Article/Section Modified
2/17/2026	2/25/2026	Approved in entirety, no revisions