I. Policy Summary
To set forth the requirements to monitor and track the administration of injectable medications in order to ensure timely response in the event of drug recall.

II. Definitions
Not Applicable

III. Policy Text
Injected medicines are commonly used in healthcare settings for the prevention, diagnosis, and treatment of various illnesses. Unsafe injection practices put patients and healthcare providers at risk of infectious and non-infectious adverse events and have been associated with a wide variety of procedures and settings. Safe injection practices are part of standard precautions and are aimed at maintaining basic levels of patient safety and provider protections. The intention of this policy is to ensure the efficacy of the injectable medications being provided to UCR Health patients, not the procedures for injection delivery.

IV. Responsibilities
Designated Clinical Staff

V. Procedures
A. All injectable drugs administered will be recorded by drug name and National Drug Code (NDC) number on the Injectable Log:
   1. Patients receiving the injectable medication will be recorded by name and patient medical record number (MRN).
   2. The lot number associated with the medication will be recorded for each patient receiving the injection.
   3. Administration Date will be recorded.
   4. The Quantity Administered will be recorded.

B. In the event of an injectable drug recall, the Injection Log will be utilized to identify affected patients and provide a means for timely notification and recommended course of action.

C. Injection Log sheets will be filed by injectable name and maintained in a secure document area for the protection of Patient Health Information.
D. Injection Log sheets will be retained in accordance with the Record Retention Policy and Procedures.

VI. Forms/Instructions
   Injection Log Sheet

VII. Related Information (Not Applicable)

VIII. Revision History
   New 2/2016

Approval(s):

Compliance Committee (04/26/2016)
### Injection Log

**Injectable Name:** ____________________________  
**Practice Location:** ____________________________

**NDC#:** ____________________________

<table>
<thead>
<tr>
<th>Date Administered</th>
<th>Patient Name</th>
<th>Patient ID#</th>
<th>Injectable Lot #</th>
<th>Quantity Administered</th>
</tr>
</thead>
</table>