	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC026
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	12/1/06
	<i>Subject</i>	<i>Page</i>	1 of 2
	MULTI DOSE MEDICATION VIALS IN CLINICAL AREAS	<i>Supersedes</i>	10/01

KEY WORDS: multi-dose vials, multiple-dose vials, multiple-dose solutions

I. POLICY;

A. OBJECTIVE: To minimize the risk that multi-dose vials will be a source of infection/colonization with micro-organisms.

B. INDICATIONS FOR USE: This policy is followed for multi dose vials of medication for patient use.

II. RESPONSIBILITIES

JHH/JHU/JHMI Staff	<ul style="list-style-type: none"> ▪ Must follow the requirements of the policy. ▪ It is the responsibility of each person using a multiple-dose vial to determine its safety for future use based on any suspected or known compromise to the solution's sterility.
SUPERVISOR/MANAGERS OF ALL DEPARTMENTS	<ul style="list-style-type: none"> ▪ Must ensure employee compliance with the policy.
DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL	<ul style="list-style-type: none"> ▪ Will bring these policies to the Hospital Epidemiology and Infection Control Committee for review and approval.

III. PROCEDURE:

A. Multiple Dose Vials

1. Use single-dose vials for parenteral additives or medication unless unavailable.
2. Place the expiration date on the opened vial. The expiration date is 28 days after the vial is opened or the manufacturer's recommended expiration date (whichever comes first) and discard at time of expiration.
3. Refrigerate multi-dose vials after they are opened if recommended by the manufacturer.
4. Cleanse the access diaphragm of multi-dose vials with 70% alcohol (such as alcohol swabs) before inserting a device into the vial.
5. Use a sterile device to access a multi-dose vial and avoid touch contamination of the device before penetrating the access diaphragm.
6. Discard the multi-dose vial be if user suspects vial sterility has been compromised.
7. Vials of saline or water may be used as multi-dose only if they contain a preservative.

IV. SUPPORTIVE INFORMATION:

SEE ALSO:

Interdisciplinary Clinical Practice Manual


- Prevention Measures for Nosocomial Conjunctivitis in Wilmer Institute, IFC034
<http://www.insidehopkinsmedicine.org/icpm/ifc034conjunctivitis.pdf>
- Respiratory Equipment Guidelines, IFC024
<http://www.insidehopkinsmedicine.org/icpm/ifc024RT.pdf>

Nursing Practice and Organization Manual

- Medication Therapy: Medication Administration, #360U
<http://www.insidehopkinsmedicine.org/nursing/cnp/360Umedadm.pdf>

REFERENCES:

CDC Hospital Infection Control Practices Advisory Committee. (2002) Guidelines for prevention of intra-vascular device-related infections. *MMWR*, 51(RR 10), 1-26.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5110a1.htm>

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	<i>Subject</i>	<i>Page</i>	2 of 2
	MULTI DOSE MEDICATION VIALS IN CLINICAL AREAS	<i>Supersedes</i>	10/01

COMMUNICATION & EDUCATION:

This policy will be communicated to the appropriate JHH personnel via the following channels:

1. Updates and revisions will be communicated via Medical Staff and Nursing publications.
2. Department managers are responsible to orient appropriate personnel to the policy.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
4. Placement of policy online at www.hopkins-HEIC.org.

SPONSOR:

- Medical Care Evaluation Committee

DEVELOPER:

- Hospital Epidemiology and Infection Control Committee

REVIEW CYCLE	▪ Three (3) years	MEDICAL BOARD	Approval Date: 11/28/06 Effective Date: 12/1/06
VICE PRESIDENT FOR NURSING & PATIENT SERVICES		VICE PRESIDENT FOR MEDICAL AFFAIRS	
_____		_____	
Date:		Date:	