1. Question regarding eye drops:
   Is it ok to mix several eye drops together and then administer at one time? Is this considered “compounding” if it’s just for topical use?

   Answer:
   Yes, it is ok to mix eye drops, following all manufacturer’s recommendations.

2. Question regarding medication reconciliation:
   Does it need to be signed? What about post op/temporary meds?

   Answer:
   The standards do not require signature/attestation. Short term medications such as post operative antibiotics need to be provided in a list to the patient. The list of the medications the patient is currently taken is obtained by a good faith effort, and needs to be documented. You determine the format that is helpful to your staff reconciling medications.

   The key concept is medications are reconciled to prevent duplications, omissions, and interactions with newly prescribed or administered medications and the current list. Additionally patient and family, if needed, are provided with written information on medications the patient should be taking at end of the encounter/episode of care/visit. If the chronic list of medications has not been changed (by dosage, addition/deletion of chronic meds) ---that list does not have to be reissued to the patient. However--- acute/short term medications are to be provided in a list to the patient/family.

   Simply said, your organization determines the process, documentation forms/style, education content and attestation on the medication reconciliation documentation.

   Keep in mind: entries in the clinical record are authenticated by the author—can be electronic signature, written signatures or initials, rubber-stamp signatures, or computer key. Refer to RC.01.02.01 EP.4.

3. Question regarding locks on medicine cabinets:
   If the medical room is locked, do you have to have the cabinets locked as well? (double locked?)

   Answer:
   Our standards do not specify a ‘lock’. Safe/secure storage of medication is required to maintain medication
integrity, promote the availability of medications when needed, minimize the risk of medication diversion and reduce potential dispensing errors. Your state law and regulations also define medication storage.

Security can be achieved through a ‘lock’, continuous surveillance, or security coded entry. A security risk assessment would determine the need to have cabinets locked as well as the door; however you may determine that may not be necessary. For example, if the medication area is only used by staff authorized to access the area then perhaps extra security is not required versus a medication area that is also used to assess and treat patients and therefore poses additional risk.

4. **Question regarding cataract surgery:**
   Can you mix the BSS bottles with Vanco and Epi at the beginning of the day or do you have to mix it for each part as the patient is in the OR?

   **Answer:**
   Mixing eye medications process needs to follow manufacturer’s recommendations and precautions. Our standards are not specific to products or identified medications. Labeling of medications when not using prepared medications immediately are found in MM.05.01.09—CAMAC (Comprehensive Accreditation Manual for Ambulatory Care).

   Questions may be submitted to the Joint Commission Standards Interpretation Group at anytime by calling 630-792-5900 Option 6 for Ambulatory Care or by submitting a Standards Question Submission Form found on The Joint Commission website. Link to form: [http://jcwebnoc.jcaho.org/newsgsub/siqonlineform.aspx](http://jcwebnoc.jcaho.org/newsgsub/siqonlineform.aspx).