

Date: April 25, 2020

Section 11-14
Page 1 of 5

Cyanokit® Medication Pack Exchange Procedure and Use Replacement Form

Cyanokit Medication Pack

1. Cyanokit Medication Packs (CMPs) will be available to the HAZMAT Medical Response Team (HAZMAT MRT) and paramedics trained in use of the Cyanokit. Packs will be available for pickup, when needed by the HAZMAT MRT, at the participating hospital ED or pharmacy. Alternatively, the CMPs may be issued to the HAZMAT MRT(s) or sponsoring EMS agency designated by the MCA. Each HAZMAT Medical Response Team (HAZMAT MRT) or sponsoring EMS agency will provide an A-Pack style pack or equivalent to the designated cooperating hospital pharmacy. The hospital will be responsible for stocking and restocking the pack.

HAZMAT MRT Sponsoring EMS Agency or other Sponsoring EMS Agency

1. When issued to the HAZMAT MRT, the EMS agency will be responsible for the security and storage of the Cyanokit Medication Pack. The Pack may also be issued to other sponsoring EMS agencies.
2. All drugs, needles, syringes and supplies will be stored in a securely locked, temperature-controlled location. The Medication Pack will remain sealed at all times except when in actual use.
3. Cyanokit Medication Packs (CMPs) are to be inspected on the first of each month by the hazardous materials paramedic supervisor or other sponsoring EMS agency for evidence of loss, theft, and expiration date. It is recommended that this inspection be included in a standard documented check list.
4. Used CMPs are to be taken to the emergency department or designated pharmacy within 7 days for exchange. CMPs due to expire must be exchanged at least 30 days prior to the expiration date.

Hospital Stock/Expired/Used Box Exchange

1. Any replacement Cyanokit Medication Packs must be maintained in a locked area, under the control of hospital staff available 24 hours per day. This area will be in the emergency department or pharmacy of the participating hospital. Appropriate record keeping and security measures are required at each exchange site to insure that only appropriately licensed and authorized personnel have access to medications and other related supplies.
2. CMPs stocked in the emergency department will be checked regularly by pharmacy staff for expiration and updated as needed.
3. Expiring/used Packs will be exchanged for an updated Pack in the designated pharmacy. The hospital pharmacy contact must be contacted to arrange the restocking/exchange.

MEDICATION SECTION

CYANOKIT® MEDICATION PACK EXCHANGE PROCEDURE & USE REPLACEMENT FORM

Date: April 25, 2020

Section 11-14
Page 2 of 5

Use/Replacement/Exchange

1. The Cyanokit Medication Pack will only be opened by a paramedic who has met the criteria for hazardous materials protocol training and who is responding to a hazardous material incident or a paramedic who has been trained in the use of the Cyanokit for treatment of potential cyanide exposure. The broken green numbered lock will be placed in the Pack to be delivered when exchanging the Pack.
2. Use of any supplies contained in the CMP will be documented on the Hazardous Materials Use Replacement Form and submitted with the used Pack.
3. In cases of contamination of the CMP it should be treated as any other contaminated object even if the means destruction of the Pack.

Pack Cleaning

1. All empty containers and packaging and used materials will be properly disposed of on site by the Hazardous Materials team or paramedic which used the CMP.
2. The EMS crew of the agency who is responsible for the box will clean any blood or body fluid contamination to the exterior of the drug box using standard hard surface decontamination techniques.
3. If there is blood or body fluid or hazardous material contamination to the interior of the Pack, or to any unused materials or packaging, the EMS crew will contact the receiving hospital pharmacy for direction in cleaning and disposal of contaminated materials.
4. All unused, uncontaminated supplies will be returned to the CMP.
5. Any used CMP should be relocked with the red numbered lock contained in the Pack prior to return to a participating pharmacy.
6. Once a Pack is used contact the designated pharmacy to arrange for restocking. Replacement medication may not be immediately available.

Expiration of Drugs/Solutions

1. All items in a Cyanokit Medication Pack will have expiration dates not less than 120 days after the Pack is prepared, provided that the products are available with a 120-day dating.

Washtenaw/Livingston MCA, HEMS MCA

MEDICATION SECTION

CYANOKIT® MEDICATION PACK EXCHANGE PROCEDURE & USE REPLACEMENT FORM

Date: April 25, 2020

Section 11-14
Page 3 of 5

2. Each CMP will have a label securely attached to the outside of the box containing the following information:
 1. The name of the participating hospital pharmacy which restocked the Pack
 2. The date the Pack was restocked
 3. The printed name and initials of the pharmacists or pharmacy technician who inventoried and restocked the Pack
 4. The expiration date is the last day of the month of the earliest expiring medication. The CMP will include the month/day/year in the “Use or Replace by _____” section.
 5. The red and green lock numbers
 6. The box numbers
3. After the inventory/restocking is complete, a red lock bearing the number appearing on the external label will be replaced in the Pack to be used by the Hazardous Materials team member or appropriately trained paramedic after it has been issued. The restocked CMP should then be returned to the sponsoring EMS agency who was storing the pack at the time of its use.
4. Unopened Packs should be exchanged a minimum of 30 days prior to the “Use or Replace by” date.

MEDICATION SECTION

CYANOKIT® MEDICATION PACK EXCHANGE PROCEDURE & USE REPLACEMENT FORM

Date: April 25, 2020

Section 11-14
Page 4 of 5

**CYANOKIT MEDICATION PACK
LAYOUT**

Cyanokit Medication Pak Use/Replacement Form – One (1),
Folded in half and placed along inside
back of Cyanokit Medication Pack

Red Lock – One (1)
Alcohol Preps – Two (2)
Medication Additive Labels – Two (2)

Cyanokit (Hydroxocobalamin) One Vial Kit 5g/200 ml (1 kits) **OR**
Cyanokit (Hydroxocobalamin) Two Vial Kit 2.5g/100 ml (1 kits)

IV Tubing 60 gtt/ml (Minidrip) with Y Site & Pre-pierced Reseal – One (1)

(Inside Front Pocket)

Yellow Pharmacy Label

Washtenaw/Livingston MCA, HEMS MCA

MEDICATION SECTION

CYANOKIT® MEDICATION PACK EXCHANGE PROCEDURE & USE REPLACEMENT FORM

Date: April 25, 2020

Section 11-14
Page 5 of 5

CYANOKIT MEDICATION PACK
MEDICATION SUPPLIES USE/REPLACEMENT FORM

Agency/Unit#: _____ Base Hospital: _____

Incident #: _____ EMS Crew (Names): _____

MEDICATION	UNIT/SIZE	QNTY	USED	CHRG
Cyanokit (hydroxocobalamin) 2.5g/100ml	Two vial kit 100ml	1 kits		
OR				
Cyanokit (hydroxocobalamin) 5g/100ml	One vial kit 200ml	1 kits		

MISCELLANEOUS	UNIT/SIZE	QNTY	USED	CHRG
Alcohol Preps		2		
IV Tubing 60gtt/ml (minidrip) w/Y Site Pre-Pierced Reseal		1		
Medication Additive Labels		2		
Red Lock		1		
Cyanokit Medication Pak Use/Replacement Form				

Distribution

(Responsibility of the EMS personnel completing the exchange) Replacing Hospital Pharmacy (Must be presented at time of exchange along with the used medication Pack and any clean, unused supplies.) All requests for information from this document by other agencies are to be directed to the Medical Control Authority. The EMS crew completing the exchange must also provide a photocopy of the run report form if this form is presented for exchange at a facility other than the hospital to which the patient was transported.

Prehospital Provider's STATEMENT

Cyanokit Medication Pack # _____ has been opened and the above noted medication(s) used as prescribed. I accept pharmacy sealed Cyanokit Medication Pack # _____ sealed with breakaway tag number _____

Signature of
Accepting Prehospital
Provider: _____

Date: _____ Agency/Unit#: _____

COMPLETE ALL INFORMATION

Date: _____

Patient's Name: _____

Complete Address: _____

(include Zip) _____

Receiving Hospital: _____

Date: _____

REPLACING PHARMACIST'S STATEMENT

The medications in the sealed Cyanokit Medication Pack # _____ have been distributed according to the Medication/Use and Replacement Policy of the participating Medical Control Authority. All medications are in the correct concentration, dosage form, volume, amount, and not expired.

Signature of
Replacing Pharmacist: _____

Date: _____ Hospital: _____