Elite Learning Podcast

When Medications Run Short: How Nurses Lead Through Scarcity

Navigating the drug shortage crisis: Practical strategies, ethical frameworks, and leadership tools for every nurse and healthcare team

Listen time: ~60 minutes • Audience: RNs, APRNs, nurse leaders, pharmacists, all healthcare providers • Listen now: elitelearning.com/ce-podcasts

Featured Voices

Host: Dr. Candice Pierce: Faculty with Elite Learning by Colibri Healthcare, and healthcare educator

Guest: Dr. Patrick Welch: PharmD; clinical pharmacist with expertise in drug shortage management, formulary decisions, and interdisciplinary patient care

What You'll Learn

- The scope and scale of the current drug shortage crisis in the United States
- The root causes driving medication shortages, from pricing and manufacturing to geography and natural disasters
- How shortages have trended over the past decade and what the data tells us
- Which drug categories are most vulnerable and why
- How shortages directly impact nursing workflow, patient safety, and medication error rates
- Strategies for assessing and implementing alternative medication regimens
- Communication approaches for patients, families, and the care team during shortages
- Ethical frameworks for allocating scarce medications fairly and equitably
- How to reduce moral injury in frontline staff during shortage-driven decisions
- Innovative solutions including not-for-profit drug manufacturing (CivicaRx) and AI-driven allocation
- How to build proactive shortage readiness plans before a crisis hits
- The nurse's role as advocate, innovator, and leader during scarcity

Key Takeaways

- **Drug shortages are the new normal:** There are currently over 300 active drug shortages in the U.S. 99% of hospital pharmacists report experiencing at least one shortage every single week. This is not an anomaly. It is a systemic, ongoing crisis.
- **Shortages cause real patient harm:** A 2021 Health Affairs study linked drug shortages to increased medication errors, adverse patient outcomes, and higher mortality rates. Cancer patients receive suboptimal regimens, surgeries are delayed, and infections become harder to treat.
- **Multiple root causes drive shortages:** Key factors include low profit margins on generic medications, complex manufacturing processes, quality control failures and drug recalls, geographic concentration of production (single-plant dependency), and supply chain disruptions from natural disasters.
- **Hurricane Helene was a wake-up call:** Baxter's North Carolina plant, responsible for approximately 60% of the U.S. supply of IV solutions, was wiped out by Hurricane Helene in 2024, causing widespread saline shortages and forcing healthcare systems to scramble for alternatives.
- **75% of current shortages began in 2022 or later:** Drug shortages are not a COVID-era relic. COVID highlighted pre-existing vulnerabilities, but three-quarters of active shortages have emerged in the last four years. The problem has persisted and grown.

- **The most affected drug categories are:** IV solutions, chemotherapy/oncology medications, antimicrobials/IV antibiotics, controlled substances (15% of active shortages), and ADHD medications in the pediatric outpatient population.
- **Shortages create a dangerous learning curve:** When nurses must use unfamiliar alternative medications, workflow slows, error risk increases, and patient explanations become more difficult. In high-acuity situations like codes or traumas, unfamiliarity with alternative dosing and monitoring can directly harm patients.
- **A multidisciplinary team approach is essential:** Nurses, pharmacists, physicians, and buyers must work together. No single discipline should bear the burden of shortage management alone. Pharmacists are especially valuable partners. Bring them to the bedside and into patient conversations.
- **Nurses are the frontline early warning system:** Nurses who notice supply room levels dropping, who question whether a full liter bag is needed, or who advocate for IV-to-PO transitions are actively conserving resources for future patients. This mindset shift, from cost savings to supply stewardship, is critical.
- **Proactive planning prevents crisis-mode decision making:** Institutions should develop shortage policies and alternative therapy protocols before a shortage occurs. Having a plan in place reduces moral injury, decision fatigue, and the burden placed on individual clinicians.
- **Ethical allocation must be decided in advance:** Like COVID vaccine prioritization, scarce medications should be allocated based on pre-established criteria, typically prioritizing the most vulnerable: pediatric patients, the elderly, and those with multiple comorbidities. These decisions should never be made in the moment by a single clinician.
- **Moral injury is a real and serious risk:** Frontline staff (nurses, pharmacists, and providers) experience significant emotional burden when forced to deliver suboptimal care due to shortages. Team-based decision making, shared responsibility, and pre-established protocols help reduce this toll.
- **Communication is a clinical skill during shortages:** Patients should be informed openly and reassured that a plan exists. Care teams should speak up during rounds when a medication is on shortage watch. Silence creates risk; transparency builds trust.
- **CivicaRx is a promising innovation:** A not-for-profit drug manufacturing collaborative among large U.S. health systems, CivicaRx focuses on producing the generic, high-demand medications most affected by shortages, including vancomycin and IV solutions, removing profit motive from the equation.
- **AI and data sharing are improving allocation:** Centralized purchasing, AI-driven inventory models, and cross-system data sharing allow health systems to allocate medications more equitably and anticipate shortages before they become crises.
- **Advocacy drives systemic change:** Nurses and clinicians who share real patient impact stories with institutional leaders, state representatives, and drug manufacturers help move policy. Advocacy is not optional; it is a professional responsibility in the face of this crisis.
- **It's not a question of if, it's when:** Every healthcare provider, in every setting, inpatient or outpatient, will face a drug shortage. The question is whether your team is prepared to lead through it.

☑ Do This Next

- Identify one high-use medication on your unit and research its alternatives, before a shortage forces you to.
- Connect with your unit pharmacist and ask: What medications are currently on shortage or shortage watch? Make this a regular conversation.
- Bookmark the ASHP drug shortage database (ashp.org/drug-shortages) and check it regularly. You can also submit shortage reports directly to ASHP/University of Utah for investigation.
- Advocate for a shortage readiness protocol at your institution, one developed by an interdisciplinary team that includes nurses, pharmacists, physicians, and supply chain staff.

- When you notice supply room levels dropping on a frequently used medication, speak up to your charge nurse, your pharmacist, and in rounds.
- Practice conservative resource use: ask whether a full liter bag is needed, whether IV can transition to PO, and whether the medication is still clinically indicated.
- If your institution doesn't already send shortage alerts, advocate for a weekly communication to frontline staff about current and anticipated shortages.
- If you are in a leadership role, bring your pharmacy colleagues to the table to co-develop shortage response plans, not just policies, but practiced protocols.
- Share patient impact stories with your institution's leadership and, when appropriate, with policymakers. Real stories drive real change.

? 3 Quick Shortage Readiness Assessment Questions

Use these to evaluate your team's preparedness for medication shortages:

- **1. Awareness:** "Do you know which medications currently used on your unit are on the national shortage list or shortage watch and do your frontline staff know too?"
- **2. Alternatives:** "For your top three most-used medications, does your team have a documented, approved alternative therapy plan with equivalent dosing and monitoring parameters?"
- **3. Allocation policy:** "Does your institution have a written, interdisciplinary-approved policy for how to ethically allocate scarce medications, and has your team reviewed it?"

Red Flags & Safety Concerns

- A nurse is administering an unfamiliar alternative medication without access to dosing guidance, monitoring parameters, or pharmacist support
- Shortage-related medication substitutions are being made at the bedside without a documented institutional protocol or provider order
- Frontline staff are unaware that a medication they use daily is on shortage. Information has not been communicated down the chain
- A single clinician (nurse, pharmacist, or provider) is being left to make allocation decisions alone without team support or policy guidance
- Patients are not being informed that an alternative medication is being used. Informed consent and transparency are being bypassed
- Staff are showing signs of moral distress, burnout, or ethical conflict related to shortage-driven care decisions
- Your institution has no shortage readiness plan and is consistently operating in reactive crisis mode
- Medication waste is high (full liter bags used when 500 mL would suffice, IV continued when PO is appropriate) during a known shortage period
- Controlled substance shortages are affecting pain management in trauma, surgical, or emergency patients without a documented alternative protocol

Clinical Spotlight

- **The ASHP Drug Shortage Database:** The American Society of Health-System Pharmacists (ASHP), in collaboration with the University of Utah College of Pharmacy, maintains the most up-to-date national drug shortage list. Clinicians can report shortages directly, which are then investigated and posted within 1–2 days. The FDA also maintains a list, but it is less current. Visit: ashp.org/drug-shortages

- **CivicaRx: Not-for-Profit Drug Manufacturing:** A collaborative of large U.S. health systems that established their own manufacturing plants to produce high-demand, shortage-prone generic medications. Vancomycin was among the first drugs produced. This model removes profit motive and gives health systems direct insight into supply chain vulnerabilities.
- **The Baxter/Hurricane Helene Case Study:** One manufacturing plant in Marion, NC produced approximately 60% of the U.S. supply of IV solutions. When Hurricane Helene destroyed the facility in 2024, the resulting saline shortage forced hospitals nationwide to ration fluids, prioritize pediatric patients, and seek emergency government approval to import from international manufacturers.
- **Controlled Substances & Shortages:** 15% of active drug shortages involve controlled substances, directly impacting pain management in trauma, surgical, and emergency settings. ADHD medication shortages have also persisted for years, creating significant stress for pediatric patients and their families in the outpatient setting.
- **Antibiotic Stewardship as a Shortage Tool:** Antibiotic stewardship principles of right drug, right dose, right time align directly with shortage conservation strategies. Ensuring antibiotics are only used when indicated, de-escalating therapy when appropriate, and transitioning from IV to PO as soon as clinically safe all help preserve scarce antimicrobial supplies.
- **Moral Injury vs. Burnout:** Moral injury occurs when clinicians are forced to act in ways that violate their ethical values, such as delivering suboptimal care due to a shortage. Unlike burnout (which stems from exhaustion), moral injury stems from ethical conflict. Pre-established protocols, team-based decision making, and psychological safety are the antidotes.

Conversation Starter

"Think about the last time a medication you needed wasn't available. What happened next, and does your team have a better plan in place for when it happens again?"

Nurse Leaders: Consider convening an interdisciplinary shortage readiness team, including nursing, pharmacy, supply chain, and administration to audit your current protocols, identify your top five shortage-vulnerable medications, and build documented alternative therapy plans before the next crisis hits.

Resources & Links

- Episode page: https://elitelearning.com/ce-podcasts
- CE courses: https://EliteLearning.com
- ASHP Drug Shortage Database: https://www.ashp.org/drug-shortages
- FDA Drug Shortage List: https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages
- CivicaRx (Not-for-Profit Drug Manufacturing): https://www.civicarx.org

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