DEPARTMENT: Pharmacy **POLICY & PROCEDURE: PS-220**

SUBJECT: Dispensing: General

PURPOSE: To ensure the safe and accurate dispensing of medications throughout the facility; and ensure maximal utilization of patient medication dose system that utilizes unit-of-use packaging to minimize the need for further manipulations that introduce opportunities for error.

RESPONSIBILITY: Pharmacy, Nursing, Medical Staff

POLICY:

1) All compounding, packaging, labeling, distribution, and dispensing of drugs shall be consistent with federal and state laws, rules, and regulations and applicable law or regulation governing professional licensure and operation of pharmacies and professional standards of pharmacy practice.

PROCEDURE:

1) PERSONS WHO MAY PREPARE, DISPENSE, TRANSFER DRUGS, AND MAKE LABELING CHANGES

a. Drug preparation and dispensing is restricted to a licensed pharmacist or to a designee under the direct supervision of a pharmacist. A licensed pharmacist must monitor all drug preparation and dispensing by non-pharmacist personnel. The exception to this rule is for sterile IV preparation by the nursing staff while the pharmacy is closed.

b. Only a pharmacist, or authorized pharmacy personnel under the direction and direct supervision of a pharmacist, shall fill and label containers from which drugs are to be distributed or dispensed, make labeling changes, or transfer drugs to different containers.

c. Supportive personnel (non-pharmacists) shall work under the direct supervision of a licensed pharmacist. The supervising pharmacist must be fully aware of all drug-preparation and drug-dispensing activities. Supportive personnel shall comply with facility and pharmacy policies and procedures.

2) REQUIREMENT FOR AN ORIGINAL OR DIRECT COPY OF A DRUG ORDER

a. Drugs may be dispensed only from the original or a direct copy of the prescriber's drug order.

3) REVIEWS OF ORIGINAL OR DIRECT COPY OF ORDER BY A PHARMACIST

a. A pharmacist shall review the prescriber's original order, or a direct copy thereof, before the initial dose is dispensed (except when a licensed independent practitioner with appropriate clinical privileges controls prescription ordering, preparation, and administration, as in endoscopy or cardiac catheterization laboratories, surgery, or during cardio-respiratory arrest, and for some emergency orders when time does not permit). This review shall include the patient's demographic information (e.g., age, weight, allergies, diagnosis) and drug therapy (current drug regimen).

b. If the in-house pharmacist is not available, medication orders will be reviewed by telepharmacy services.

4) RETENTION OF COPIES OF DRUG ORDERS IN THE PHARMACY

a. The Director of Pharmacy shall determine the length of time for retaining original or direct copies of drug orders.
b. All copies of orders are maintained in a patient folder until that patient's discharge. Original copies of orders are available in the patient's permanent chart.

5) ORDER PROCESSING PROCEDURE

a. In response to a written medication order, the technician or pharmacist will encode the prescription into the patient medication profile. The pharmacist will check for drug allergies, therapeutic overlap, drug interactions and incompatibilities.
b. The pharmacy shall process drug orders as follows:
    i. Ensure that the patient's name, other identification (e.g., patient number and location), time and date are on the order form.
    ii. Review the order for effective, appropriate, and safe drug therapy.
    iii. Enter the order.
c. Upon pharmacy entry of the medication, the nurse will compare interpretations of the new order with the pharmacy. Discrepancies are clarified at that time. The nurse will record the new order on the electronic-medication administration record (e-MAR) for recording doses administered.
d. In response to an electronic medication order, the pharmacist will access the patient's profile and review the order. The pharmacist will check for drug allergies, therapeutic duplications, drug interactions, and incompatibilities. The order will also be reviewed for appropriate drug, dose, schedule, and start time. The pharmacist will then verify the order if appropriate.

6) STOCKING THE MedDISPENSE UNIT

a. Drugs stocked in MedDISPENSE will be set with maximum and minimum quantities. The MedDISPENSE units keep a perpetual inventory that will trigger restock to be performed. When a drugs minimum quantity triggers a restock, the technicians will fill the order in the pharmacy. The pharmacist will then check the order and the technician will restock the MedDISPENSE.

7) UNIT DOSE

a. A unit-dose drug distribution system, which permits identification of the drug up to the point of administration, shall be used to the extent practical. Drugs that are not practical to supply in unit-of-use containers (including, but not limited to, oral concentrate liquids with calibrated droppers) shall be supplied in their original containers. Part of the labeling for each dosage unit is the barcode.

8) VERIFYING ORDER FILLING ACCURACY

a. A pharmacist shall perform a final check after the order has been filled or refilled. This check shall verify that the order was filled and labeled correctly.

9) DELIVERY OF DRUGS TO PATIENT CARE AREAS

a. The pharmacy shall ensure that drugs are delivered to patient care areas and are available for administration at the scheduled times. If the pharmacy is unable to provide a drug prior to the scheduled administration time, the pharmacy shall

inform the nurse responsible for the area and/or the nurse responsible for the patient.

10) PATIENT CARE AREA STORAGE OF PATIENT'S DRUGS

a. Patient drugs shall be stored in individual containers in the patient care area (e.g. drawers) unless the medication is to be retrieved from automated dispensing system (medDISPENSE). Patient care area storage containers shall be labeled with the patient's name and location. Labeling shall be typed, imprinted, or neatly hand-written.

11) COMPARISON WITH MEDICATION ADMINISTRATION RECORDS

a. Nurses shall compare drugs supplied with the Medication Administration Record (MAR) or prescriber's order and report irregularities to the pharmacy.

12) DISPOSITION OF DRUGS RETURNED TO THE PHARMACY

a. Drugs returned to the pharmacy shall not be placed in active stock or dispensed unless they can be absolutely identified (including lot number and manufacturer) and there is no evidence (or suspicion) of contamination or potential contamination.