



Inodaya
Hospitals

PHARMACY MANUAL

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1. INTRODUCTION TO THE FORMULARY

The contents of this formulary are reviewed on a rolling programme by the Formulary Liaison Group (members include Secondary Care and Primary Care Clinicians and Pharmacists) and is approved by the Drug and Therapeutics Committee in the hospital.

2. AIM OF THE FORMULARY:

The aim of this policy is to rationalize prescribing in order to promote the safe, effective and economic use of medicinal products.

3. HOW TO USE THE DRUG FORMULARY?

The Drug Formulary is a list of covered and preferred drug agents for Cascade Comprehensive Care members. All products are listed by their generic names and most common proprietary (branded) name. The Drug Formulary may be accessed by using the index, either by generic or proprietary name (in small capital letters) and by therapeutic drug category. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any product not found in this Formulary listing, or any Formulary updates published by INODAYA Hospital shall be considered a Non Formulary drug.

- Least expensive
- More expensive
- Significantly more expensive
- Most Expensive

4. PROCUREMENT OF DRUGS AND DRUG FORMULARY

- 1. Purpose:** To establish and maintain standardized procedures for procurement of drugs by Pharmacy and drug formulary

- 2. Scope:** The policy and procedure covers the Main store-pharmacy, inpatient and outpatient pharmacy.
- 3. Distribution:** Main Stores-Pharmacy, Inpatient Pharmacy and Outpatient Pharmacy
- 4. Responsibility:** - Pharmacist and Incharge of each Pharmacies

5. POLICIES AND PROCEDURES:**6.1 Procurement of Formulary drugs:**

- i. Procurement of new Drugs from Purchase:**
 - a. The Physician requests for new drugs in the new drug request book. The book is then verifying by the Pharmacy committee.
 - b. After the drug is approved by the committee, the choice of vendor is analyzed for quality and costs. This is done by the Purchase committee.
 - c. Once the drug is procured and received from Purchase, it is added in the drug formulary.
- ii. Procurement of Regular drugs from Purchase:** The Pharmacy maintains a formulary of all the drugs present in the pharmacy. Drugs are procured by the Main store-pharmacy from purchase department. All the suppliers are standardized as per rate contracts. Purchase of all formulary drugs are standardized and undergo routine purchase procedures. The pharmacy raises indent to the Purchase department through indent register. The purchase department orders to the suppliers.
- iii. Procurement of Regular Drugs By Inpatient Pharmacy and Outpatient Pharmacy, OT, Laboratory.**
 1. These depts. Maintains Minimum and Maximum Stock of each item.
 2. A daily of check of drugs is done based on consumption. This is done through HIS. If any item fall at reorder are indented to the Main Store-pharmacy by putting an indent
 3. These items are indented to Main Store-pharmacy in an indent Register. The indent register must contain the name and signature of the Head of the Department of the indenting Department. The items are issued to each department based on the indent. The items are entered in the HIS to that stock of inventory in the HIS is automatically reduced by the quantity issued to sub stores etc.
 4. Another system that is maintained in locations such as OT, laboratory is that the minimum stock of the items present in the department is

maintained in HIS. When this item is consumed, the HIS automatically reduces the level of stock. This consumed stock becomes an online indent to Main stores. Only such items are delivered to the user department, which are consumed.

iv. **Procurement of regular drugs by Nursing Station from Inpatient Pharmacy/Main store- Pharmacy:**

1. Indent for inpatient is made to inpatient pharmacy. The user department (Nursing stations, etc) raises indent for the drugs/items.
2. The prescription is verified by the Pharmacist for correct patient name, UHID no, IP no, Bed no., correct medicine, dosage and quantity.
3. Item is entered in the patient account in the HIS.
4. Bills are raised and all the items are packed in packages specific to each patient. Bills are attached to the packages.
5. The packages are issued to the patient attendees with payment.
6. All the pharmacy bills are signed by the patient or by the patient relatives and retained by the pharmacy. These bills are issued to the patient during discharge along with final bills.
7. Return of drugs: During discharge, the nursing staff raises a memo containing return and wanted drugs. All drugs that are not to be utilized will be returned to the pharmacy and a list of wanted drugs are prepared based on the type of patient (cash/credit), type of employer of the patient, and duration of the medication.
8. Replacement drugs:
 - a. Nursing station maintains Emergency stock of Medicine. This used for patient in emergency condition when waiting for the medication to arrive from pharmacy will affect the treatment. These items are then replacement by the Nursing Station.
 - b. Indent for Emergency stock used by nursing station for inpatient is raised through a Replacement slip which contains the name UHID no and IP no of the patient, Name and Quantity no of the drug/item supplied from the emergency stock, dosage and signature of the nursing staff.
 - c. The items are issued to the Nursing station and a bill is generated to the inpatient for the quantity used from the nursing stations.

5. **PROCUREMENT OF NON-FORMULARY DRUGS**

- 5.1** The purpose of a Non-Formulary Policy is to serve as a guide to the pharmacy staff when a NF medication is ordered by the physician.

- 5.2** Non-Formulary drugs are not provided to the clinics or patients in the outpatient setting.
- 5.3** Non-Formulary drugs for inpatients may be requested by attending physicians only.
- 5.4** When a Non-Formulary medication is ordered by the physician, the pharmacist will follow the below steps:
- The pharmacist must notify the nurse and the attending physician that a non-formulary medication has been ordered and it may take 24-48 hours before the medication may be dispensed by the pharmacy. In addition, the ordering physician shall be given a formulary alternative.
 - If the physician chooses not to change the medication to a formulary alternative, the pharmacist must document it on the order. The Non-Formulary Request Form must be completely filled out and turned into the Storeroom.

6. DRUG FORMULARY.

- I. The purpose of the Formulary is to serve as a guide to the medical, pharmacy and nursing staffs, and to inform them of the current concepts of the Hospital Formulary.
1. Drug Formulary is maintained in the HIS.
 2. Any item to be added into drug formulary must be approved by Pharmacy Committee, Purchase committee; the whole procurement process undergoes the routine procedure of procurement and purchase of goods.
 3. The Drug Formulary contains the following information
 - a. Name of the drug
 - b. Generic Name
 - c. Trade name (for reference)
 - d. Quantity
 - e. Specification
 4. Request for admission or deletion of a drug to the formulary may be made by an active member of the Medical Staff.
 5. The Formulary shall be revised annually and edited by the Pharmacy committee. Supplements shall be distributed, to reflect current information between revisions.
 - a. Drugs are listed alphabetically by the nonproprietary (generic) name unless they are unofficial combinations.
 - b. The mention of a proprietary name is for information only and does not imply approval or acceptance of the specific trade name.
 - c. Only the dosage forms listed have been accepted. New dosage forms require separate approval.

d. Acquisition costs will be provided for reference.

II. **Formulary Additions:**

1. A new drug is submitted for review by a hospital attending staff physician by completing a formulary trial admission form.
2. If a new dosage form of a drug presently not on the Formulary is approved, it is added directly as a line item extension.
3. Following criteria should be met while considering a drug addition:
 - a. The drugs must meet a justifiable need not already met by a drug on the Formulary, unless it is recommended to replace a drug.
 - b. A drug may replace another provided it is of superior therapeutic value or provided it is equal therapeutically but lower in cost.
 - c. Such factors as toxicity, efficacy, clinical studies, side effects, and sensitivity reactions are carefully scrutinized.
 - d. Additional pharmacoeconomic analysis will be provided to aid in the decision making process.

6. Reference: Pharmacy Act 1948

7. In collaboration with: Doctors, Pharmacist, Medical Admin

8. Attachment: None

7. **INVENTORY MANAGEMENT IN MAIN STORES- PHARMACY, INPATIENT PHARMACY AND OUTPATIENT PHARMACY**

1. **Purpose:** To establish and maintain standardized procedures for Inventory Management in Inpatient, Outpatient and Main store- pharmacy
2. **Scope:** The policy and procedure covers the Main store-pharmacy, inpatient and outpatient pharmacy.
3. **Distribution:** Main Stores-Pharmacy, Inpatient Pharmacy and Outpatient Pharmacy
4. **Definition:** -
5. **Responsibility:** - Pharmacist and in charge of each pharmacies

6. **Policies:** Medications and investigational medication agents are stored in the pharmacy according to the manufacturer's recommendation. All medications are stored in designated areas, which are sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Proper consideration is also given to the safety of employees as well as patients. Special storage requirements are listed below.

7. Procedures:

7.1. Storage of Drugs

- i. Storage of Drugs requiring Room Temperature:
 1. All drugs are stored in racks with levels of shelves, which are identified with alphanumeric number. The boxes are kept in different boxes. A list of contents of the box is written on the face of the box.
 2. The content of each racks are available in HIS.
- ii. Narcotics Drugs: Refer Policy for Storage of Narcotics
- iii. Refrigerated Products:
 1. Items requiring refrigeration are stored appropriately. Refrigerators are maintained as follows: Temperatures are kept within 2-8 degrees centigrade or as per manufacturer's guidelines.
 2. Food items should not be stored in Refrigerator containing drugs and other such items.
 3. A list of all items stored in the Refrigerator is recorded in book.
 - 4.
 5. A temperature log is maintained in the department for monitoring the temperature of the Refrigerator with a thermometer. The temperatures are recorded on a daily basis for the doors, compartment and freezer of the Refrigerator. In case of any variation found from the ideal temperature, it should be immediately reported to the Maintenance department for rectification. In the event that a refrigerator is malfunctioning. Temporary or emergency space is available in other pharmacy refrigerators or freezers if necessary.
- iv. Light Protection: All drugs, which require light protection while in storage, remain in the original package, in closed drawers, until the time of patient administration.
- v. High Alert Medications: High alert medications are identified by specialty labels which are placed on all storage locations for high alert medications within the pharmacy.

- vi. Tablets and Capsules are stored in separate boxes.
- vii. Different strengths of same drug are stored in different boxes
- viii. **Look Alike / Sound Alike Medications:**
Medications which have the potential for confusion due to look-alike or sound-alike drug names or packaging are identified and stored in different Boxes to prevent error. Refer Policy **INODAYA/MOM/3C**.
- ix. **Emergency drugs:** will be stored in the crash carts located at various areas of the hospital depending on the need and the pharmacist from Inpatient pharmacy will regularly crosschecks the list of medication, their quantity and the expiry dates. The pharmacist will replace the medication as and when they are used.
- x. **External Products:** Disinfectants and drugs for external use are stored separately from internal and injectable medications.
- xi. **Unused Drugs:** All pharmacy areas are routinely inspected for discontinued, outdated, defective or deteriorated drugs and containers with worn, illegible, or missing labels. These drugs are returned to the Pharmacy Storeroom where they are kept in a segregated area for return or destruction.

7.2. Inventory Control Practices:

- 7.2.1. A list of slow moving and fast moving items are developed based on consumption of the items.
- 7.2.2. A list of Maximum, Minimum and Reorder level is maintained for all items in the drug Formulary. This is developed by averaging 3 months for slow moving items and one-month sale for fast moving items. This is reviewed and updated every week for fast moving items and monthly for slow moving items.
- 7.2.3. First in First out (FIFO) is used for consumption of the drugs. Another method that is followed is according to the date of expiry. All items getting soon are consumed first. This is checked in the HIS and issued accordingly.

7.3. Check for expiry

- 7.3.1. Expiry date are checked at the beginning of every month at all Pharmacy outlets, Main store (main Pharmacy), nursing station, Operation theater and other locations
- 7.3.2. All such drugs, which are likely to be expired within 3 months, are removed from the shelves. Locations other than Main pharmacy are return the to be expired drugs to the Main stores pharmacy.
- 7.3.3. The HIS generates a list of all such drugs in the Main stores with name, quantity and batch number of such drugs. This list is referred to for identification of such drugs.

7.3.4. All drugs received from location in the hospital as well as in the Main stores are accumulated and returned back to the suppliers/manufacturer for credit or replacement.

7.4. Disposition of Drugs (Out of Date, Discontinued, or Inappropriately Labeled)

7.4.1. Discontinued, outdated, defective, or deteriorated drugs, devices, or related materials and containers with worn, illegible or missing labels are returned to the pharmacy for proper disposition. All such drugs, devices, or related materials returned to the pharmacy are destroyed unless unopened commercially prepackaged containers, and in the professional judgment of the pharmacist meet all standards for product integrity.

7.4.2. All medications are checked for in dating prior to dispensing.

7.4.3. Routine checks for out of date items in pharmacy, including refrigerated storage areas, are performed each day during the reorder process and out of date items are removed from stock.

7.4.4. All out of date merchandise is removed from the pharmacy.

7.4.5. Out of date items are separated according to vendor and returned for credit or replacement as often as possible.

7.4.6. A complete inventory is performed two times each year that includes a check for out of date drugs. A random check of selected items is done at each location once a month.

7.4.7. Checks for drugs no longer used, discontinued, or inappropriately labeled are performed periodically as follows:

7.4.7.1. All medications are checked prior to dispensing.

7.4.7.2. Nursing units are checked every month for drugs over stocked or no longer used or discontinued and these medications are returned to pharmacy.

7.4.7.3. Any drug preparation, which shows discoloration, precipitation, or any signs of deterioration is destroyed or returned for credit.

7.4.7.4. These medications are separated and returned to the vendor as with out of date drug items. Some of et drugs are not returned to the vendor and are disposed off as Hazardous wastes or emptied into the sinks

7.5. Non-Availability of Drugs: In case of Non-urgent orders the Pharmacy can procure the drugs from routine suppliers. In case of stat medication, the pharmacy must arrange from other pharmacy etc on cash purchases. However, such cash purchases should be restricted. The pharmacy maintains a list if non-available drugs for quality purpose.

- 7.6. External Disaster: In case of external disaster a list of emergency supplier is maintained for all fast moving items. These suppliers are mostly local suppliers. The list is developed as per item and supplier wise. This list is available at the Mains stores.

8. LOOK ALIKE AND SOUND ALIKE MEDICATION (MOM 3C&E)

1. **Purpose:** To establish and maintain standardized procedures for Look Alike and Sound Alike drugs in Inpatient, Outpatient, Nursing Station and Main store- pharmacy
2. **Scope:** The policy and procedure covers the Main store-pharmacy, inpatient and outpatient pharmacy.
3. **Distribution:** Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy
4. **Responsibility:** - Pharmacist and in charge of each pharmacies
5. **Policies:** Medications which have the potential for confusion due to look-alike or sound-alike (LASA) drug names or packaging are identified and treated with extra precautions to prevent error. A list of lookalike and sound alike drug is developed by the Pharmacy committee and the list is available in all locations where drugs are stored.
6. **Procedures:**
 - 7.1 When a drug is selected, the available dosage forms and strengths are presented.
 - 7.2 Drugs of same brand name with different strengths are stored on different boxes.
 - 7.3 Capsules and tablets are store in different boxes and locations
 - 7.4 Patient information is readily available to those involved in the medication management process including an indication for each medication ordered.
 - 7.5 Verbal / telephone orders are discouraged and require the receiver of the verbal / telephone order to write down and read it back to the sender.
 - 7.6 Specific safety strategies are followed for a specified list of potential look-alike / sound-alike medication combinations. These strategies are selected as appropriate from the following:
 - 7.7 Store in separated locations within the pharmacy area.
 - 7.8 Purchase a different brand of one product to avoid name confusion or look-alike products.
 - 7.9 Require extra verification steps.

- 7.10 Limit supply to set strengths or concentrations which will avoid confusion.
- 7.11 A specific list of potentially problematic look-alike / sound-alike medications is identified reviewed annually.
- 7.12 Medication errors and potential errors are routinely reviewed for potential additions to the look-alike / sound-alike medication list.
- 7.13 Pharmacy and Therapeutic Committee review of pharmaceuticals for formulary approval includes a review of look-alike / sound-alike error potential.
- 7.14 Staffs are educated regarding the specific safety strategies required for each look-alike / sound-alike medication combination.

9. RECALL OF MEDICATION (MOM 6b)

1. **Purpose:** To establish and maintain standardized procedures for Recall of Medication from all nursing stations, individual depts where medications are used, Main store-pharmacy, inpatient, and outpatient pharmacy
2. **Scope:** The policy and procedure covers the all nursing stations, individual depts. where medications are used, Main store-pharmacy, inpatient, and outpatient pharmacy.
3. **Distribution:** Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy
4. **Responsibility:** - Nursing Superintendent, Pharmacist and in charge of each pharmacy, Department Incharges
5. **Policies:** Recall of Medication: Medication are recalled to protect patients from potentially harmful effects of defective drug products and to ensure that these products are removed from stock. Upon notification of drug recall, the identified products will be removed from stock and returned to the manufacturer or wholesaler. Patients are notified when appropriate.
6. **Procedure:**

There are three sources of drug recall notification received by the pharmacy:

- i. Drug Suppliers or Drug manufacturers
- ii. Govt Agencies
- iii. Recall given by pharmacy to various departments for drugs if the batch is expired, spoiled etc.

These notifications are generally received in writing, stating that a particular drug is being recalled and the reason for the recall. Occasionally, if the recall is urgent, as an

I.V. fluid recall, it will be notified by phone. If the notification is by phone, it is then confirmed in writing immediately thereafter.

When the notification is received, the pharmacist/ Pharmacy staff are responsible for removing the drug(s) from inventory by the following methods:

- i. Identify items, which are potentially stocked by the Pharmacy.
- ii. Check the Storeroom inventory.
- iii. The respective Department Managers are informed to set aside the stock
- iv. A Drug Recall Worksheet is completed for each drug item along with the batch numbers by the storeroom technicians
- v. The copies of the Drug recall worksheet is forwarded to all concerned department managers.
- vi. All located recalled drugs / samples are returned to the Pharmacy Storeroom and the appropriate form is completed by the storeroom technician for return of the drug to the Supplier or directly to the manufacturer.
- vii. The Inpatient Area Manager and Nursing Incharge is responsible for ensuring that the drug recalls process is completed appropriately.
- viii. Patients are notified when appropriate.

9. AUDIT AND QUALITY CHECKS IN PHARMACY

1. **Purpose:** To establish and maintain standardized procedures for Audit and Quality checks in all nursing stations, individual depts. where medications are used, Main store-pharmacy, inpatient, and outpatient pharmacy
2. **Scope:** The policy and procedure covers all nursing stations, individual depts. where medications are used, Main store-pharmacy, inpatient, and outpatient pharmacy
3. **Distribution:** Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy
4. **Responsibility:** - Nursing Superintendent, Pharmacist and in charge of the each pharmacies, Department Managers
5. **Policies:**
 - a. Check for expiry of drugs is done every month and all drugs getting expired in three months are returned back to pharmacy/Manufacturer
 - b. Regular Prescription Audit is carried out
 - c. Random Stock counting is done to avoid pilferage in the pharmacy and user areas on a regular basis
 - d. Medicines in the nursing station are stored in the lockers

11. DISPOSITION OF DRUGS

1. **Purpose:** To establish and maintain standardized Disposition of drugs
2. **Scope:** The policy and procedure covers use of all drugs used in the hospital
3. **Distribution:** Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy
4. **Responsibility:** Pharmacist and In-charge of the each pharmacies, Nursing in-charge of the ward
5. **Policies:**
 - a. Disposition of Drugs (Out of Date, Discontinued, or Inappropriately Labeled): Discontinued, outdated, defective, or deteriorated drugs, devices, or related materials and containers with worn, illegible or missing labels are returned to the pharmacy for proper disposition. All such drugs, devices, or related materials returned to the pharmacy and are returned to the Manufacturer unless unopened commercially prepackaged containers, and in the professional judgment of the pharmacist meet all standards for product integrity.
 - b. All medications are checked for expiry date prior to dispensing.
 - c. Routine checks for out of date items in pharmacy, including refrigerated storage areas, are performed each day during the reorder process and out of date items are removed from stock.
 - d. All out of date merchandise is removed from the pharmacy.
 - e. Out of date items are separated according to vendor and returned for credit or replacement as often as possible.
 - f. A complete inventory of all drugs in the hospital is performed two times each year that includes a check for out of date drugs. A random check of selected items is done at each location once a month.
 - g. Checks for drugs no longer used, discontinued, or inappropriately labeled are performed periodically as follows
 - h. Any drug preparation, which shows discoloration, precipitation, or any signs of deterioration is destroyed or returned for credit.
 - i. These medications are separated and returned to the vendor as with out of date drug items. Some of the drugs are not returned to the vendor and are disposed off as Hazardous wastes (chemotherapy bins) or emptied into the sinks

12. USE OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

1. **Purpose:** To establish and maintain standardized procedures Narcotic drugs and Psychotropic Substances
2. **Scope:** The policy and procedure covers use of all Narcotic drugs and Psychotropic substances used in the hospital
3. **Distribution:** Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy
4. **Responsibility:** - Pharmacist and In-charge of the each pharmacies, Nursing in-charge of the ward
5. **Policies:** Narcotic drugs and Psychotropic substances are treated with extra precautions to prevent error and misuse. A list of such drugs used in the hospital is available at Pharmacy and user department and the Pharmacy committee and the list is available in all locations where drugs are stored.

6. Procedure:

Procurement of Narcotic Drugs

- a. Appropriate license is obtained and renewed every year before procuring Narcotic drugs
- b. The quantity of drug to be procured ever year is approved by the Drug Inspector.

Administration & Accountability

a. Safety and Security:

- All such Dugs should be stored under Secured Locks both in pharmacy and in nursing stations
 - Accessibility limited to approved personnel should be maintained for such Lockers
 - The Pharmacist and the in-charge of the Pharmacy and Nursing in charge (in nursing station) should be the key holder and ultimately responsible for maintenance of the Lockers and inventory
- b. Documentation of Receipt: Records for Receipt. Separate Records must be maintained for Receipt of different Narcotic Drug. These records must indicate the following information:
- Date of Receipt of Goods from the manufacturer
 - Batch No. Name of the Drug
 - Name of the manufacturer
 - Date of Manufacturing
 - Expiry date
 - Quantity of good received
 - Wide Invoice no.
- c. Documentation of issue: Separate Records must be maintained for issue of different Narcotic drugs Records for distribution. These records must indicate the following information
- Date of distribution (part of daily log sheet),
 - Name of the drug
 - Date of Issue
 - Patient name and IP no.
 - Address of the Patient
 - Ordering physician's name,
 - Quantity of units distributed,
 - Signature of distributing pharmacy personnel
 - All records for controlled substances shall be maintained in a readily retrievable manner for five years.
- d. Documentation at User department contains name of the drug, quantity, date, Name of the patient etc.
- e. All such Logbooks must contain Seal: Government of Andhra Pradesh, Drug Control Administration. Such Records are sent to Office of Drug Control Administration for Seal. After obtaining the seal such logbooks should be used for documenting the Receipts and issue
- f. No outpatient are issued any Narcotic Drugs

- g. The Prescription should contain name and signature of the prescribing physician. Two copies of the prescription is obtained from the Physician. Once copy is retained by the pharmacy for record purpose and other copy is issued to the patient along with the discharge Bill.
- h. Annexure shows list of narcotics and psychotropic substances used in the hospital
- i. Unused substances may be returned to stock for future disposition if the following conditions are met;
- Written documentation must be clearly legible with all applicable information provided.
 - Must be in the manufacturer's original container,
 - There is no evidence of suspected tampering or adulteration, and
 - The container is clean and free of contaminants. Unused containers will be returned to stock and documented as follows:
 - Date of return (part of daily log sheet),
 - Name of controlled substance,
 - Quantity of units returned, and
 - Initials of the receiving pharmacy personnel.
7. Reference: Narcotics and Psychotropic Substances Act.

13. PRESCRIPTION OF MEDICINES

Distribution: Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy

Medicines can be prescribed only by Registered Medical Practitioners working as full time consultant/medical officer in Indus Hospitals or any other doctor associated with the hospital as a visiting consultant

Prescription given by the outside medical doctor will not be honored in the hospital, however if a patient is a long term old case of an illness and he is on maintenance therapy these drugs can be administered in the hospital with the approval of the treating Consultant.

All medication orders are to be prescribed in writing with capital letters which should be dated, timed, signed by the prescribing doctor. The Essential Drug list is followed while prescribing medicines.

It is the policy of the hospital that all prescriptions comply with the law, and contain details that can be clearly interpreted.

No drug will be administered to a patient without a valid prescription of treating Doctor. In an emergency when a consultant is contacted on phone and the drug is prescribed by him, the Medicine may be given to the patient under the signature of the locally available treating doctor and this should be authenticated by the Prescribing Consultant within 24 hrs.

All prescriptions should have the following details:

1. Patient's name, registration number (OP and IP as applicable).
2. Drug name (generic names or trade names written in full), strength, dose and form.
3. Frequency of administration of medicines, indicated by clear and definitely stated intervals.
4. Duration of treatment i.e. days, week, months.
5. Doctor's signature and date.
6. No medications may be dispensed for prescriptions that do not have the above mentioned details.
7. Drug names should be generic names or trade names written in full. If abbreviations are used, the doctor must be contacted for confirmation.
8. Certain prescribing conventions are desirable, e.g. underlining and initialing an unusual quantity, strength or directions.
9. In case the contents of the prescription are not clear, clarification should be obtained from the concerned doctor before dispensing.
10. Alterations and cancellations must be initialed by the doctor.
11. Only approved conventions and abbreviations should be used.
12. Metric: Medication orders shall be written in metric notation only. e.g., mg, gm, ml.
13. PRN: Orders for "as needed" or "PRN" medications shall specify the dose, dosage form, duration and dosage frequency.
14. Renewal: The use of the terms "renew", "repeat" and "continue" in reference to previous orders are not acceptable.
15. Therapeutic Substitution: In limited, low risk, high volume cases certain over-the-Counter groups of drugs or products may be substituted for different drugs or products.
16. Examples of such items are enteral formulae, liquid antacids and multivitamins.

17. Prescriptions from sources outside the hospital shall be dispensed by the pharmacy

Labeling of Drugs:

- A. It is the policy of this hospital that all drugs and medications maintained in the hospital is properly labeled.
- B. Drugs labels must be legible, clear and consistent at all times.
- C. Any drug label soiled, incomplete, illegible, worn, or make shift must be returned and replaced by the pharmacy.
- D. The following details must be on all cut tablets/capsules strip or loose tablets dispensed for inpatient:
 - 1. Name of the medicine,
 - 2. Strength and form of medicine
 - 3. Quantity of medicine
 - 4. Frequency of Administration etc.

14. ADMINISTRATION OF MEDICATION:

The hospital's policy is to ensure proper administration of medicine. Administration of medicine can be done only by Registered Medical Practitioners. In addition to the medical practitioners, registered nursing staff is also allowed to administer medicines. The following details are verified by the concerned hospital staff prior to administration of drug:

- 1. Identification of patient is done by confirming the patient's name, patient's inpatient number of the patient in the patient's case record.
- 2. The treatment orders of the medical practioners are verified to confirm
 - a. The name of the medicine (by matching with the treatment order) prior to administration of the same.
 - b. The specified dose for the medicine
 - c. Route for administration of medicine example intravenous, oral etc.
 - d. Time for administration of medicine as indicated in the doctor's treatment orders

Post Administration of medicine, record of the same are entered in the designated register (maintained in the respective wards) and the patients case record. Record indicates the following:

1. Signature of the staff responsible for administration of the drug.
2. Time at which the drug was administered
3. Dosage and route for administration of the medicine.

The primary treating doctor or the on duty medical officers are responsible to counter check the record to verify appropriateness of administration of medicine. The same is done by interviewing the concerned patient or his/her relatives.

X. RECALL OF MEDICINES:

1. On receiving any complaints from the wards on medicines and surgical items like Medicines, **Examples**
 - A) Problem of dissolution of the dry powder when reconstituting the injection
 - B) Problem of discoloration or different colour after reconstituting the vial
 - C) A suspended impurities noted on reconstitution
 - D) A suspended particle in I.V. Fluids etc

In any of the above event the ward nurse or head nurse will immediately report to pharmacy:

1. The same is confirmed by the pharmacy in charge
2. Immediately a letter is issued to the concern wards and departments where the specified medicine has been issued
3. The same is communicated immediately to the concerned supplier immediately and a feed back of the same is requested after investigation.

15. DISPENSING OF MEDICINES

Distribution: Main Stores-Pharmacy, Nursing Station, Inpatient Pharmacy and Outpatient Pharmacy

Dispensing of medication is done in a manner that ensures quick and efficient patient care and minimizes errors.

Inpatient Dispensing:

1. All medications for inpatients will be dispensed by the inpatient pharmacy 24*. The nursing staff is encouraged to send indents immediately after consultant round. Outpatient pharmacy and inpatient pharmacy will dispense medicines round the clock.
2. The bills generated to that effect and the stocks will be adjusted on the following day between I.P pharmacy and O.P Pharmacy.
3. Pharmacy items are dispensed / issued only by a Pharmacist to the nurse in charge/shift incharge of the unit.
4. Drug administration to patient is done by nursing staff in wards.
5. No self medication is allowed in ward.
6. Stat doses and discharge medications will be given first priority for dispensing.
7. Prescriptions/Indent must be read carefully; the signature of the prescribing doctor must be verified.
8. Correct Dose and Dose form for each individual patient are checked by another staff nurse prior to dispensing of medicines.
9. Items are collected from the designated racks, storage etc as applicable
10. Any item prior to dispensing are checked for the expiry date.
11. Post Dispensing the transaction is entered in the issue register.
12. Entries relating to dispensing of Narcotic Drugs are entered in the specified column of the Narcotic Drug Register along with the name of the drug and prescribing doctor, name of the patient along with the UHID, date, quantity issued etc.

Outpatient Dispensing:

Dispensing of pharmaceutical items to outpatient is done from the hospital Dispensary.

1. The outpatient pharmacy operates for 24 hours
2. Prior to dispensing the Medicine the pharmacist verifies the following details in the prescription:
 - a. Name of the Patient, registration number
 - b. Name of the drugs, dose and route prescribed.
 - c. Name and Signature of the Prescribing Doctor along with the date and time.
3. Expiry Date of the Item is checked prior to dispensing of the item by the pharmacist.
4. Items from the dispensary are dispensed only by the concerned pharmacist
5. Prior to Dispensing the dosage for individual drugs are explained to the patient, special precautions if any like for example:
 - a) To be taken before food
 - b) To take plenty of water

c) To complete the full course for antibiotic are clearly explained to the patient/relatives by the concerned pharmacist.