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|  مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt | | Policy Name: Inpatient Medication Prescription Dispensing | |
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1.0 Change of policy

1.1 No changes

2.0 Purpose

- 2.1 This policy and procedure are established to provide a standard process for dispensing of inpatient medication orders.

3.0 Policy

3.1 Policy statement:

- 3.1.1 Policy and procedure were established to be followed by pharmacists for inpatient dispensing of medication in a safe, efficacious, and legal manner.

3.2 Scope:

- 3.2.1 This policy applies on inpatient medication orders.

3.3 Responsibilities

- 3.3.1 Physician.
3.3.2 Pharmacist.

4.0 Definitions /abbreviations:

- 4.1 **CCHE:** Children Cancer Hospital – 57357 Egypt
 4.2 **CPID:** Continuous Performance Improvement Department
 4.3 **MMU:** Medication Management & Use
 4.4 **MMS:** Medication Management & Safety

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4.5 CPOE: Computerized Physician Order Entry.

5.0 Procedure:

5.1 General guidelines:

- 5.1.1 All medications for in-patients will be dispensed by a licensed pharmacist from the Main Pharmacy, or satellites in unit dose form, if available and appropriate, upon receiving a prescription order from an authorized practitioner.
- 5.1.2 Verbal orders shall be processed according to Verbal and Telephone Order Policy. (Receiving of Verbal & Telephone Order)
- 5.1.3 Pharmacy provides unit doses for a 24-hour supply of all medications based on current, active physician orders.

5.2 Procedure to be followed for oral medication orders:

5.2.1 Verification of new oral drugs added to the patient:

- 5.2.1.1 The physician orders a new medication via CPOE.
- 5.2.1.2 The medication is clinically reviewed and product assign is done by the round pharmacist according to Prescription Review Policy, in case of Pyxis items, medication and its dispensing is according to Pyxis Policy.
- 5.2.1.3 In case of non-Pyxis items, the round pharmacist only performs clinical review then the dispensing pharmacist verifies the order to prepare initial doses and allow order to be dispensed and labels to be printed in the daily batch.
- 5.2.1.4 The labels are handed to the pharmacist's assistant to pick the medication and pack it into the zip-lock plastic bags, sticking the labels directly on the medication (Unit dose Dispense).
- 5.2.1.5 All the prepared medications should be signed "on the labels" by the assistant who prepared them.
- 5.2.1.6 Inpatient pharmacist checks all the prepared medications and signs the labels and time of preparation is recorded then puts them on specific shelves for each floor.
- 5.2.1.7 Narcotics are dispensed according to Narcotics Policy.
- 5.2.1.8 Time stamp of preparation is recorded on CERNER then prepared medications are put on specific shelves for each floor.

5.2.2 Discharge medications:

- 5.2.2.1 Discharge Medications are ordered via CPOE.
- 5.2.2.2 The medication list is checked and did medications reconciliation and the shares access file with dispense pharmacists.
- 5.2.2.3 The Dispense Pharmacist will check if medication reconciliation is documented on system.

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- 5.2.2.4 The Dispensing pharmacist reviews prescription according to prescription review policy and put medications list on pharma flow system to prepare via Rowa according to dispensing with automation policy.
- 5.2.2.5 If any issue arises the dispensing Pharmacist recheck with the responsible round pharmacist.
- 5.2.2.6 Timestamp of preparation is recorded on access then prepared medications are put on specific shelves for each floor.
- 5.2.2.7 Narcotics are dispensed according to Narcotics Policy.

5.3 In patient IV medications Refer to policy: I.V. Admixture workflow and I.V. Order Processing (4.6, 4.7).

5.4 Related Policies:

- 5.4.1 Narcotics Policy
- 5.4.2 Prescription Review Policy
- 5.4.3 I.V. Admixture workflow and I.V. Order Processing
- 5.4.4 Verbal and Telephone Order Policy.
- 5.4.5 Dispensing Outpatient take-home prescription via automated device

6.0 References:

6.1 N/A

7.0 Appendices:

7.1 Related Forms:

7.1.1 N/A

7.2 Related Policy(S):

7.2.1 Medication Management Program

7.3 Related Standards:

- 7.3.1 Joint Commission Accreditation Standards– MMU Chapter. (MMU.5)
- 7.3.2 GAHAR standards name. MMS 11, 13 and 15

7.4 Attachments

7.4.1 N/A