مؤسسة مستشفى سرطان الأطفال-مصر Children's Cancer Hospital Foundation - Egypt 57357	**Policy Name:** **Drug Information Center**

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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 demonstrate the role of drug information center in CCH AND to formalize some of the activities already undertaken by hospital pharmacists in their daily work, concerning Drug Information questions emerging throughout the day.

3.0 Policy

3.1 Policy statement:

3.1.1 This policy and procedure are established to ensure that information of the highest standard provided to healthcare professionals to the ultimate benefit of the patient.

3.2 Scope:

3.2.1 This policy and procedure apply on all healthcare providers at CCH.

3.3 Responsibilities

3.3.1 Pharmacists.
3.3.2 Physicians.
3.3.3 Nurses.

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 **CCH:** children's cancer hospital.

4.5 **Drug information:** is defined as the knowledge of facts acquired through reading, study or practical experience concerning any chemical substance intended for use in diagnosis, prevention or treatment of disease. It covers all types of information provision including subjective and objective information, as well as information gathered by scientific observation or practical experience.

4.6 **Drug Information Service:** describes the activities undertaken by pharmacists in providing information to optimize drug use to provide accurate, unbiased, factual information which is primarily given in response to patient-oriented drug problems received from pharmacists, nurses, physicians, and other healthcare professionals.

4.7 **Drug Information Centre (DIC):** is the pharmacy subunit assigned to the provision of upon-request drug information and other related tasks regarding drug usage in the CCHE.

4.8 **Drug Information Pharmacist:** is a pharmacist who Sis specialized in the provision of drug information.

4.9 **MMS:** Medication Management & Safety

5.0 Procedure:

5.1 General Guidelines:

5.1.1 Any pharmacist serves as a Drug Information source for any question emerging through daily procedures using available approved CCH References or DIC service.

5.1.2 Any Healthcare member who requires Drug information from DIC will contact DIC through announced contacts and DIC email.

5.1.3 Hours of service: DIC service is available during normal working hours. After-hour queries will be submitted through announced E-mail and/ or Cellular Phone.

5.1.4 A DIC queries sent via e-mail or verbally via announced telephone No's

5.1.5 Queries should be answered with minimal delay. At all times the drug information pharmacist will be helpful.

5.2 Responsibilities of DIC pharmacist:

5.2.1 Source for any question emerging through daily procedures.

5.2.2 **Drug information pharmacist:**

5.2.2.1 Response to queries received through DIC.

5.2.2.2 Monitoring and follow-up of patient therapy and progress.

5.2.2.3 Participation on pharmacy and therapeutics committees by preparation of expert material/evaluations.

5.2.2.4 **Publication of DIC Reports:**

5.2.2.4.1 Alerts: Involve Drug Information NOT easily accessed during Daily procedures (Accuracy, takes time to collect data).

5.2.2.4.2 Guidelines: for Drug administration and dispense.

5.2.2.4.3 **Tools:** Filtering and Extraction of Data concerning ONLY Drugs on Hospital Formulary (Institutional-oriented). (E.g., Compatibility charts for CCH Drugs)

5.2.3 Preparation of protocols for appropriate drug use or formularies.

5.2.4 Education of pharmacists, pharmacist assistants and other healthcare professionals.

5.2.5 Drug use evaluations

5.2.6 Follow Up implementation of DIC publications.

5.2.7 **Therapeutic drug monitoring:**

5.2.7.1 Response to queries.

5.3 Contact with, and identification of the enquirer:

5.3.1 The pharmacist receiving the query is to obtain the caller's name, address, phone number and profession.

5.3.2 Details are recorded using Drug Information Request Form.

5.4 Classification of the request:

5.4.1 to which drug (if any) the request relates i.e., why the enquiry was made and type of question e.g., Product Identification, Dosage/Administration, Toxicology, Drug Availability, Dose Adjustment, Adverse Drug Reaction, Kinetics, Drug Interactions, Therapeutic Use, Stability/Compatibility…etc.

5.5 Obtain the necessary background information:

5.5.1 **If the request is patient specific, obtain the patient's:**

5.5.1.1 Name, age, weight and sex

5.5.1.2 Medical history (including allergies)

5.5.1.3 Major organ functions (cardiac, liver, kidney)

5.5.1.4 Drug history (name, dose, regimen, duration and indication)

5.5.2 Establish whether the caller has consulted any references. This helps to prevent duplication of the work and establishes the depth of information required.

5.6 Systematic search:

5.6.1 Search the available reference texts for the appropriate response, using primary references where necessary.

5.6.2 DIC Pharmacist develops a list of questions to ask related to a specific type of query, which will assist in formulating the search e.g., dosing information, adverse drug reaction.

5.6.3 A systematic approach to searching will be developed; including keeping a record of the sources reviewed and utilized. Then pharmacist evaluates and interprets the information that has been sourced.

5.7 formulating the appropriate response:

5.7.1 All statements made will be traceable to the literature.
5.7.2 At least two reference sources are checked.
5.7.3 Only the information that is pertinent to the request need will be used.

5.8 Communicating the response:

5.8.1 Response will be clearly and concisely given. So that the caller fully understands the answer.

5.8.2 **Oral response:**

5.8.2.1 For a simple uncomplicated query. Can assess whether a written response is required following the verbal reply.

5.8.3 **Written response:**

5.8.3.1 For a more complex enquiry.
5.8.3.2 The following may be included.
5.8.3.3 Request and background information.
5.8.3.4 Response: In some cases, a brief introductory paragraph is necessary for clarification of the terminology and issues at hand
5.8.3.5 Summarize what the literature says about the problem, pointing out any inadequacies or deficiencies in the references. Be concise, unbiased, and above all, accurate.
5.8.3.6 Conclusion: Summarize information together with the appropriate conclusion.

5.8.4 **Systematic Approach for Responding to Drug Information Requests:**

5.8.4.1 Identify the requestor. In order to obtain with the appropriate perspective, information and develop response consider the health literacy and professional background of the requestor with Identify the true question and information needed by asking probing questions of the requestor with complete background information from patient's profile on Cerner.
5.8.4.2 Categorize the question. Classify requests as patient specific or academic and by type of question and perform a systematic search. Perform a systematic search of appropriate tertiary, secondary, and primary resources, including electronic resources, as necessary and analyze the information. Evaluate, interpret, and combine information from the resources used
5.8.4.3 Disseminate the information.
5.8.4.4 Provide an oral or written response, or both, as needed by the requestor that specifically applies the information to the particular situation.
5.8.4.5 The information, its urgency, and its purpose may influence the method of response.
5.8.4.6 Supporting documentation (e.g., primary literature) should be included when possible.
5.8.4.7 Document the request, information resources used, the information found in each source, time spent on the response, and the response itself as appropriate for the request and the practice setting

5.8.4.8 Follow-up. Perform a follow-up assessment to determine the utility of the information provided and whether the information resulted in changes in medication-use practices or patient outcomes

5.8.5 **Documentation and Quality Assessment:**

5.8.5.1 Numerous methods of documenting pharmacist interventions, including the provision of DI, have been described in the literature. Drug information centers are moving toward increased use of electronic documentation systems, which have helped to increase the depth and quantity of documentation, as well as provide increased efficiency and cost savings.

5.8.5.2 In addition, an electronic system can promote a standardized and systematic approach and provides a readily retrievable archive that can be used to rapidly search previously answered questions.

5.8.5.3 The assessing the quality of drug- related information provided by pharmacists, there is currently no standardized method described in the literature. However, some DI centers have reported use of double-check systems prior to providing a response, random retrospective audits by a DI specialist or another individual, obtaining feedback from the requestor, and conducting an internal review by a committee as methods of quality assessment.

5.8.5.4 **References:** The query will be appropriately referenced and share to all pharmacy after approval from DIC committee

5.9 Follow-up:

5.9.1 This will be done by phone, in person or by mail to ascertain whether the information provided was appropriate.

6.0 References:

6.1 Pharmacy manual.

6.2 SHPA Standards of Practice for Drug Information Services. The Society of Hospital Pharmacists of Australia, 1998. SHPA Practice Standards 1998: 18-1-18-6.

6.3 Association of Information Officers in the Pharmaceutical Industry (AIOPI). UK Guidelines on Standards for Medical Information Departments (Revised 1999).

7.0 Appendices

7.1 Related Forms

7.1.1 DIC request form.

7.2 Related Policy(S)

7.2.1 Medication Management Program

7.3 Related Standards:

7.3.1 Joint Commission Accreditation Standards – MMU.

7.3.2 GAHAR standards.MMS.04 & 15

7.4 Attachments

7.4.1 DIC request form (Access Form).

7.4.2 Pharmacy digital library.

7.4.3 Drug Use Evaluation form

Attachment 1: Drug Information Request Form

Date :

Requestor's Information

Full Name:

Requestor's Status* (*Required – please check one*)

Pharmacist ☐ Physician ☐ Nurse ☐ Patient/Consumer ☐ Other ☐

Request/Question:

Patient Information*:

Age: ____ Gender: _ ____ Height: _____ Weight: ___ Allergies: _____

Diagnosis/Disease State(s): _____

Current Medications:

_____

Type of Request:

Product Identification	**Dosage/Administration**	**Toxicology**
Drug Availability	**Dose Adjustment**	**Adverse Drug Reaction**
Kinetics	**Drug Interactions**	**Therapeutic Use**
Stability/Compatibility	**Other** _____	

* Note: Please **DO** submit patient information that you feel may be helpful in answering the drug information request.

ANSWER / RECOMMENDATION

Attachment 2:-Pharmacy Digital Library

Drug Monographs		Required Username/Password
Lexi-Comp Online®	www.crlonline.com	
Up To Date Online	www.uptodate.com	
University Of Maryland Medical Center	www.umm.edu	
DailyMed Current Medication Information	www.dailymed.nlm.nih.gov	
Medscape	www.medscape.com	
Drug Information and Side Effects online	www.drugs.com	
Epocrates®	www.epocrates.com	
BC Cancer Agency (Chemotherapy only)	www.bccancer.bc.ca	
Cancer Care Ontario (Chemotherapy only)	www.cancercare.on.ca	
Eyptian National Scientific and Technical Information Network	journals.sti.sci.eg:2048/login	USERNAME: 57357 PASSWORD: 573572009

Drug Interactions	
Lexi-Comp Online®	www.crlonline.com
Medscape	www.medscape.com
Drug Information and Side Effects online	www.drugs.com
Epocrates®	www.epocrates.com

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Attachment 3:-Drug Use Evaluation

Drug Evaluation Form

Patient information:

Name	
MRN	
Weight	
Age	
Diagnosis	

Drug information:

Indication	
Dose	
Start date	

Monitoring parameters: (Variable)

	Day 0	Day 2	Day 5	Day 8	Day 11	Day 14	Day 17	Day 20
AST								
ALT								
Bil. T/D	/	/	/	/	/	/	/	/
K								
Hemoglobin								

Clinical progress:

Week 1	Week 2	Week 3	Week 4

Outcome:

Stop date	
Stop reason	
Clinical outcome	
Clinical relapse?	

Side effects (mark if present): (Variable)

Hypertension	Hypotension	Hyperglycemia	Anemia	Headache
Chills	Hematuria	Hypokalemia	Hypomagnesemia	Cough
Dyspnea	Localized phlebitis	Peripheral edema	Abdominal pain	Increased LFTs

Physician Signature: _____

Pha _____