مؤسسة مستشفى سرطان الأطفال-مصر Children's Cancer Hospital Foundation - Egypt 57357	**Policy Name:** **Verification & Reviewing of Prescription Orders**

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		Issue Date:	01.09.2015
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		No# of Pages:	05
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		Next Review Date	31.12.2025
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1.0 Change of policy

1.1 No changes

2.0 Purpose

2.1 This policy and procedure were established to provide directions for all licensed Pharmacist to review, verify and interpret medication orders as well as resolution of questions or problems in order.

3.0 Policy

3.1 Policy statement:

3.1.1 Review, verification, and interpretation of medication orders shall be performed by a licensed pharmacist prior to processing the orders and dispensing medications to ensure Safe Medication Ordering Process.

3.2 Scope:

3.2.1 This policy and procedures apply to all CCHE patients' medication orders

3.3 Responsibilities

3.3.1 All pharmacists.

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
4.5 CMO: Chief medical officer.
4.6 CPOE: Computerized Physician Order Entry.
4.7 ICU: Intensive Care Unit.

4.8 **DIC:** Drug Information Center
4.9 **MISK:** Medical Informatics saving kids.
4.10 **EMAR:** Electronic medication administration record
4.11 **IV Mix medication orders:** Orders of medications which need sterile product compounding procedure.

5.0 Procedure:

5.1 General Guidelines:

5.1.1 **Reviewing and verification of prescription occur at different levels during processing the medication order:**

5.1.1.1 Just after medication order has been entered by physician on CPOE or chemotherapy power chart.

5.1.1.2 Just before filling and dose dispensing (IV prep pharmacist will review and verify for IV mix medications or Dispense pharmacist for non-IV mix medications).

5.1.1.3 Exceptions would include the need for emergency medication when the physician is present, in which case the medication will be collected from emergency stock. A pharmacist must review these orders as soon as possible, but no more than 24 hours after written & taken.

5.1.2 The pharmacist shall review any questions that he/she may have in the course of filling, dispensing, and checking the prescription and document all necessary changes.

5.1.3 The physician is expected to clarify, modify or discontinue the inappropriate prescription order in the patient profile and issue a new order if needed.

5.1.4 **Pharmacist should dispense medication prescriptions for whom authorized to prescribe medications according to the following:**

5.1.4.1 Chemotherapeutic agents are prescribed by pediatric oncology only including (Consultant, Resident and Registrar).

5.1.4.2 Tramadol and nalbuphine (all dosage form) can be prescribed by all hospital doctors, other narcotics should be prescribed only by Anesthesia, Palliative/Hospice and Pain Management Team.

5.1.4.3 Narcotics at ICU floor stock are prescribed by ICU's physicians

5.1.4.4 Radioactive materials are prescribed by nuclear medicine physician

5.1.4.5 Other medications can be prescribed by other physicians, dentists, nutritionists & physiotherapists, according to their specialty.

5.2 Procedure to be Followed:

5.2.1 Physician add required medication order on Cerner.

5.2.2 **The pharmacist shall verify:**

5.2.2.1 weight, height, Body Surface Area

5.2.2.2 Location of the patient

5.2.2.3 Full diagnosis

5.2.2.4 Protocol Name /Detailed position in the protocol (e.g. D15 or W10) (If patient on protocol).
5.2.2.5 Generic Drug name
5.2.2.6 Dosage form
5.2.2.7 Dose in units (e.g., 5mg)
5.2.2.8 Dosage (mg/kg or mg/m2)
5.2.2.9 The type, volume and rate of infusion fluid
5.2.2.10 Route of administration, directions for administration.
5.2.2.11 Frequency of administration (administration times or time interval between doses)
5.2.2.12 Any qualifying instructions of therapy (STAT, NOW, PRN)
5.2.2.13 The use of "PRN" is qualified. "PRN" (as needed) orders should have a dosing interval and reason for administration.
5.2.2.14 Date and time of order.
5.2.2.15 The quantity of the drug prescribed.

5.2.3 **The pharmacist shall interpret the medication order, review previous items, calculations, and labs for appropriateness and resolve all questions or problems prior to dispensing. These problems may take the form of:**

5.2.3.1 Order Missing any of the previous items
5.2.3.2 Required monitoring and assessment.
5.2.3.3 Drug interaction (Drug – Drug, Drug – Food, or Drug – Disease)
5.2.3.4 Over-dosage/sub-therapeutic dose
5.2.3.5 Exceeding the maximum average recommended dose
5.2.3.6 Need for dose modifications
5.2.3.7 Inappropriate dosage.
5.2.3.8 Fluid overload.
5.2.3.9 Inappropriate dosage form.
5.2.3.10 Incompatibilities
5.2.3.11 Inappropriate rate of infusion.
5.2.3.12 Protocol incompliance
5.2.3.13 Duplications, Dosing errors
5.2.3.14 contraindicated drug,
5.2.3.15 unnecessary drug (not indicated)
5.2.3.16 necessary lab monitoring,
5.2.3.17 Inappropriate route of administration
5.2.3.18 Inappropriate day of protocol.
5.2.3.19 Real or potential allergies or sensitivities
5.2.3.20 Non formulary drug ordered
5.2.3.21 Any questions the pharmacist may feel will have a direct impact on the care of the patient, the outcome expected with the drug, or the potential for adverse events by filling the order as written.
5.2.3.22 Restricted drug status requiring expert approval and fill restricted drug form.
5.2.3.23 Sound alike/look alike error potential, potential multiple doses, high-risk drug error potential

5.2.3.24 Drugs that impact balance and increase risk of falls

5.2.4 **The pharmacist will review and prioritize all medication orders in each order set (see attachment), to:**

5.2.4.1 Identify doses needed immediately.

5.2.4.2 Identify protocol orders that require checking with the filed protocol.

5.3 Upon discovery of any discrepancies or problems that cannot be supported by references available in the Pharmacy, the pharmacist shall contact the physician to discuss the nature of the problem with him and presence of any available alternatives. The pharmacist shall not dispense the medication until the problem is resolved and a documented intervention has been done.

5.4 In case of non-formulary drug order: The pharmacist should make every attempt to change the order to a comparable medication that is on the formulary before obtaining a non-formulary drug after referring to DIC to find alternative, in case no alternative is available in the formulary; we inform the physician to enter a purchasing order then send to DIC to get its approval for orders.

5.5 Problem orders will be brought to the attention of the responsible physician or nurse until all issues are resolved

5.6 Unclear/Incomplete orders will not be implemented until clarified by rewriting.

5.7 After agreement with the prescriber, the pharmacist shall document on the prescription the necessary changes or verifications of the order and proceed to dispense the medication. The physician shall write/enter a new medication order in the medical record and discontinue the incorrect order. The pharmacist will document an intervention note.

5.8 If the physician refused to explain, the pharmacist will call the attending physician for this patient and will perform a clinical intervention note where the attending physician will document his reply.

5.9 The Pharmacist will report to the pharmacy manager and generate an incident report

5.10 If the need for the medication is emergent, the pharmacist will provide the medication with verbal clarification, note the verbal clarification in the physician order, and the prescriber must subsequently confirm the verbal clarification with a written confirmation within 24 hours according to verbal order policy. The nurse and/or the pharmacist are responsible for obtaining clarification of medication orders.

5.11 Any of these changes will be automatically transferred to EMAR after submitting and verifying the final accepted Medication orders to MISK.

5.12 In cases of admission to the inpatient unit, transfer to/from the ICU, Discharge from the inpatient, and transfer of patients between different levels of care; Prescriptions reviewed by the pharmacist will include medication reconciliation.

6.0 References:

6.1 Pharmacy department manual.

7.0 Appendices:

7.1 Related Forms:

7.1.1 Medication forms into Cerner.

7.2 Related Policy(S):

7.2.1 Medication Management Program

7.3 Related Standards:

7.3.1 JCI standards 7th edition – MMU Chapter. (MMU.5)

7.3.2 GAHAR Standards name. MMS .11,12&13

7.4 Attachments

7.4.1 N/A