CCHE-57357 -Policy and Procedure



Dose Banding

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Policy Name:

1.0 Change of policy

1.1 No changes

2.0 Purpose

- **2.1** To provide direction for standardizing doses of certain medications dosed by weight or Body surface area.
- **2.2** Dose banded products facilitate batch manufacturing, enable the pharmacy to dispense high-quality, cost-effective medication to the patient, reduce patient waiting time through improved pharmacy workflows, increase pharmacy capacity
- **2.3** Reduce medicine waste and reduce preparation errors.
- 2.4 Standardization is useful in a pediatric environment due to the milligram per kilogram (mg/kg) method of dosing used in pediatric patients. The mg/kg method of dosing often lead to doses ordered to the 10th and 100th decimal place, which is impractical and impossible to measure with accuracy in supportive medications.

3.0 Policy

3.1 Policy statement:

3.1.1 It is the policy of CCHE to standardize doses of specific medications to limited dose bands approved by the PNT committee each medication approved with five banding.

3.2 Scope:

3.2.1 The medications mentioned in this policy

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3.3 Responsibilities

- 3.3.1 Pharmacy Director
- 3.3.2 Pharmacists.
- 3.3.3 Physicians

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 Dose banding:** "A system whereby, through agreement between prescribers and pharmacists, doses of intravenous drugs calculated on an individual basis that are within defined ranges or bands are rounded up or down to predetermined standard doses"
- 4.6 WT: weight.
- **4.7 BSA:** body surface area.
- **4.8 PNT:** Pharmacy Nutrition and Therapeutic.

5.0 Procedure:

5.1 Physician Order:

- 5.1.1 The physician must continue to order the dose via CPOE according to patient weight or BSA dose as required by Joint Commission.
- 5.1.2 If the prescriber requires the medication to be dispensed exactly as prescribed, he or she can write the reason in the comments of the order.

5.2 Order Entry:

- 5.2.1 Physician will enter medication order into Cerner system according to calculated dose (weight or BSA-Based).
- 5.2.2 When dose calculator window opens, physician click "Apply Standard dose", so system will transfer the dose to the Standard dose per protocol provided that the dose is within certain maximum and minimum rang of dose of the prescribed dose. When a dose is automatically changed to meet the above criteria, the comments section on the MAR for these medications will state "standardized (drug name, date and time of implementation)."
- 5.2.3 Then physician continues order entry as per guidelines.

5.2.4 Limitations:

- 5.2.4.1 Patients less than 12 Kg
- 5.2.4.2 Liver or kidney failure as appropriate

5.3 Order Verification, clinical review and product assign:

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- 5.3.1 Correctness of normal dose Calculation (Weight or BSA-Based).
- 5.3.2 That dose Standardization is used correctly provided that the dose range of each medication.
- 5.3.3 Verify pharmacist should open Dose Calculator & Click:" Apply Standard dose".
- 5.3.4 If a change in the dose is incorrect the pharmacist will call the physician for approval to change to a standard dose size.

5.4 Dose preparation:

- 5.4.1 I.V personnel review the presence and correctness of the dose banding on the label printed before preparation.
- 5.4.2 If the dose banding is not applied the I.V personnel refers to the I.V check.
- 5.4.3 Finally, the dose is prepared according to the dose banding unless there is a limitation as previously mentioned.

6.0 References:

- **6.1** Pediatric dose standardization policy of Palmetto Health Richland.
- **6.2** Derby Hospitals NHS Foundation Trust.
- **6.3** Cerner manual.

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 GAHAR Standards name. MMS 12 & .14
- 7.3.2 JCI standards 7th edition MMU Chapter. (MMU.5.2)

7.4 Attachments

7.4.1 N/A