

- MM.32.3 All individualized medications prepared for multiple patients are labeled with all necessary information in a standardized format.
- MM.32.4 All individualized medications prepared for multiple patients are labeled with:
- MM.32.4.1 Patient name and medical record number.
 - MM.32.4.2 Patient location (ward, unit, room, bed number).
 - MM.32.4.3 Medication name, dosage form, strength, and amount.
 - MM.32.4.4 Directions for use.
 - MM.32.4.5 Relevant cautionary instructions (e.g., refrigerate, shake before use, may cause drowsiness).
 - MM.32.4.6 Date of preparation, beyond use date, and time (when beyond use date occurs in less than twenty-four hours).
- MM.32.5 All compounded intravenous admixture preparations are labeled with diluent name concentration, and its volume.
- MM.32.6 All compounded parenteral nutrition solutions are labeled with individual components quantities, and total volume.
- MM.32.7 All outpatient medications are labeled with patient name, medical record number, medication name, dosage form, strength, direction and duration for use, and cautions in a language and form the patient can understand.
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Standard Intent:

Proper identification of patient's medication is very crucial for patient safety. Drug labeling for ambulatory patients must be in a language understood by the patient. Patient identity, drug identity, directions and instructions for proper use, duration, and storage condition must be made clearly on the label. Necessity for auxiliary instructions should always be entertained to ensure proper drug storage and/or administration. Safety precautions must be taken to avoid mixing and inadvertent dispensing of wrong drug to patients. Physical separation and clear labeling of different categories and formulations serve as safeguard. Unit-dose packaging is aimed at preserving the identity of medicine in a single unit, free from contamination until the time of administration at bedside. Unused unit-doses could be returned to pharmacy for recycling. Studies have shown that proper labeling of unit-dose guarantee drug and patient safety.

To avoid mixing up of medications, all inpatient drug cassettes must be properly labeled with patient name, medical record number and bed number. Colored auxiliary labels are meant to stick out and warn user of particular precautions before drug administration. Final IV admixtures are properly labeled with drug identity, dosing, concentration, diluent type and volume, administration rate, time of preparation and expiration. Medications prepared but not intended for immediate administration must

be labeled. This includes all injectable medications drawn into syringes or mixed with intravenous fluids for use inside the operating rooms or procedure areas.

MM.33 The hospital has a system for obtaining medications when the pharmacy is closed.

- MM.33.1 There is a multidisciplinary policy and procedure on obtaining medications when the pharmacy is closed.
 - MM.33.2 The hospital permits only trained registered nurses and those authorized to prescribe medications to access pharmacy after working hours.
 - MM.33.3 The hospital has a limited list of approved medications to be accessible to non-pharmaceutical care staff when the pharmacy is closed.
 - MM.33.4 A qualified on-call pharmacist is available to answer questions and provide medications other than those accessible to non-pharmacists
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Standard Intent:

Continuity of patient care requires the availability of drugs within reasonable time and 24-hours daily. Most pharmacies are providing 24-hour services through inpatient pharmacy. Drug supply for emergency room patients could be met via establishing emergency room pharmacy working 24hours daily or serving through inpatient pharmacy after closure of outpatient pharmacy. Whenever pharmacist is not physically available on site, an on-call service must be established and announced to customers.

Pharmacy is a secure area and access is limited to working staff. Access to pharmacy by non-pharmacy staff after working hour may be allowed in some hospital but it should be very limited to a pre-defined list of medications that may be needed to serve patients. A night cabinet containing such medications have been tried in hospitals. Non-pharmacy staff allowed to access these medications should be known to the pharmacy director.

MM.34 The hospital has a system for handling recalled, discontinued, and damaged medications.

- MM.34.1 There is a multidisciplinary policy and procedure on retrieval and handling of recalled, discontinued, and damaged medications within specified time frame for patient safety.
- MM.34.2 The hospital recognizes and maintains on file all drug recall memorandums from the Saudi Food and Drug Administration, manufacturer, and/ or other relevant legal bodies.
- MM.34.3 The hospital notifies prescribers and individuals involved in prescribing, dispensing and administration of recalled, damaged, and discontinued medications.