properly, and to be able to anticipate potential side effects and other medication-related problems. Healthcare providers must educate patients and families on the safe and proper use of medications. Patients should be encouraged and taught how to report medication errors and near misses that occur as a result of self-administration.

Hospital that allow a patient to self-administer specific medications must have policies and procedures in place that address several issues. One of these issues is assessment of the patient's capacity to self-administer the medications. Patients with stable medication regimens, receiving chronic medications, and good physical and mental health are appropriate candidates for self-administration. Another issue is the security of those medications. Yet another issue is documentation in the medical record of each instance of medication administration by the patient. Nursing should make round to ensure that patients are using their medication appropriately.

Free medical samples of newly manufactured pharmaceuticals are designed for advertisement and not meant for clinical use therefore, free medical samples should not be used in hospitals.

MM.39 The hospital has a system to monitor the patient response to medications.

MM.39.1 There is a multidisciplinary policy and procedure on monitoring the patient response to medications.

MM.39.2 There is an annually updated list of all formulary medications that cause changes in the patient's equilibrium and may raise the risk of falls.

MM.39.3 The hospital has a collaborative process, involving physicians, nurses, and pharmacists, to monitor the patient's response to medications.

MM.39.4 Monitoring includes the following:

MM.39.4.1 The medication's effect on patient's clinical condition, as well as blood count, liver and renal functions and other relevant therapeutic monitoring parameters.

MM.39.4.2 The patient's perception of side effects to the first dose of a new medication.

MM.39.4.3 Unanticipated drug-drug interactions.

MM.39.4.4 Changes in the patient's equilibrium that may raise the risk of falls

MM.39.4.5 Allergic reactions including documentation and flagging of medical records.

Standard Intent:

Monitoring activities are primarily the responsibility of the physician. However, observation and reporting are required from the person who administered the

medication (usually the nurse) and from other members of the healthcare team involved in the patient's therapy. In some settings, a clinical pharmacist monitors medication therapy in the hospital and consults on medication therapy that requires special expertise to ensure safety and efficacy, for example total parenteral nutrition, anticoagulation, or treatment with aminoglycosides antibiotics. Monitoring prescribed medication starts from the moment prescription is received in the pharmacy. A qualified and trained pharmacist evaluates and monitors for drug indications, correct route of administration, administration time, and report drugs that may affect patient equilibrium and increase the risk of fall. Significant drug-drug and drug-food interactions are immediately reported to the treating physician and corrective measures are done accordingly.

When appropriate, the patient should be observed by the nurse after administration of the drug product to ensure that the doses were administered as prescribed and have the intended effect and observe if any adverse reactions occurred. Allergy to prescribed medication constitutes a major patient safety issue. It is the responsibility of admitting physician to take drug history for any known allergies and communicate it in writing to the pharmacy. Pharmacy should not dispense any medication without knowing and documenting drug allergy in the patient drug profile. The pharmacy is authorized to stop dispensing any medication the patient is allergic to until clarification is made with the prescriber.

MM.40 The hospital has a process for detecting, managing and reporting adverse drug reactions (ADRs).

MM.40.1 The hospital has a multidisciplinary policy and procedure on handling Adverse Drug Reaction (ADR) reports.

MM.40.2 The policy has a clear definition of ADR and its severity.

MM.40.3 The treating physician is notified at the appropriate time.

MM.40.4 The patient affected by ADR receives appropriate care at the appropriate time.

MM.40.5 The ADR report forms are readily available and in use.

MM.40.6 All ADRs are documented in the patient's medical record.

MM.40.7 The hospital conducts analysis of all significant and serious ADRs.

MM.40.8 The hospital has a system for improving ADR reporting.

MM.40.9 The hospital reports all serious or unexpected ADRs to the Saudi Food and Drug Authority.

Standard Intent:

Adverse drug reaction (ADR) is a response to a drug which is noxious and unintended, and which occurs at doses normally used in humans for the prophylaxis, diagnosis or