

MM.34.4 The hospital informs patients that their medication has been recalled or discontinued for safety reasons.

MM.34.5 The hospital complies with handling recalled, discontinued, and damaged medications guidelines.

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**Standard Intent:**

Recalled, discontinued and damaged medications constitute patient safety risk. Hospitals should have a process for identifying, retrieving, and returning or destroying these medications. Medications may be recalled by the manufacturer, local supplier, ministry of health (MOH), or Saudi FDA. It is the responsibility of the pharmacy director to ensure that recalled, discontinued, and damaged medications are not available for dispensing in the pharmacy or any patient care area and the treating physician should always be informed. All related records and memorandums should be maintained. In case recalled medication is dispensed to outpatients, hospitals must have a mechanism to contact and retrieve the recalled medication.

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**MM.35 The pharmaceutical care department has a system for provision of outpatient education and counseling.**

MM.35.1 The pharmaceutical care department has a system for provision of outpatient education and counseling that includes verbal explanation and instructions by a pharmacist to patients and their families on the safe and effective use, administration, and storage condition of medications.

MM.35.2 Written educational information is given in a language and form the patient can understand.

MM.35.3 Patient privacy is maintained during education and counseling.

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**Standard Intent:**

Lack of sufficient knowledge about their health problems and medications is one cause of patients' nonadherence to their therapeutic regimens and monitoring plans. Without adequate knowledge, patients cannot be effective partners in managing their own care. Providing pharmaceutical care entails accepting responsibility for patients' therapeutic outcomes. Pharmacists can contribute to positive outcomes by educating and counseling patients to prepare and motivate them to follow their therapeutic regimens and monitoring plans.

Pharmacists should encourage patients to seek education and counseling and should eliminate barriers to providing it. Patient education and counseling usually occur at the time prescriptions are dispensed. The techniques and the content should be adjusted to meet the specific needs of the patient. Drug counseling must be offered to all patients before going home. This includes all patients seen in the outpatient clinics and emergency room. Patient and family education includes drug indication, dosing,

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administration, side effects, proper storage condition, etc. either verbally or utilizing supporting written educational materials. To respect patient rights; patient counseling must be provided in as private environment as possible.

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**MM.36 The hospital has a safe system for drug administration.**

- MM.36.1 The hospital defines nurses and other clinical staff authorized to administer medications with or without supervision.
  - MM.36.2 Qualifications, experiences, and competency assessments of individuals involved in drug administration are available in their personnel files.
  - MM.36.3 The hospital guidelines for safe administration of intravenous push medications are available, disseminated and implemented in all patient care units. The guidelines include medication name, infusion time, nurse qualification and patient care unit.
  - MM.36.4 The hospital has approved, disseminated, and implemented guidelines on standard drug administration time.
  - MM.36.5 The hospital maintains accurate records of the disposal of the unused portion of narcotic drugs and controlled substances.
  - MM.36.6 The hospital maintains updated and accurate records of drug administration.
  - MM.36.7 Independent double check of all high alert medications is performed.
  - MM.36.8 The hospital adopts safe administration and disposal of chemotherapy.
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**Standard Intent:**

Nurses often serve as the final point in the checks-and-balances triad (physicians and other prescribers, pharmacists, and nurses) for the medication use process. Nurses who practice in hospital settings should be familiar with standard medication administration times. Standard drug administration times should be established for the hospital by the P&T committee (or its equivalent). All doses should be administered at scheduled times unless there are questions or problems to be resolved. Medication doses should not be removed from packaging or labeling until immediately before administration. The administration of medication should be documented (in the medication administration record, MAR) as soon as it is completed. Only authorized nurses with the appropriate qualification, experience, and competencies are allowed to administer medications. Special skills and competencies for nursing staff are required for administration of IV push medications, narcotics and controlled medications, chemotherapy and other high alert medications.

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**MM.37 The hospital has a system to review and verify medications before administration.**

- MM.37.1 The hospital implements a multidisciplinary policy and procedure on proper verification of dispensed medications before administration (right patient, right medicine, right dose, right frequency, right route, and right time).
- MM.37.2 Medications are verified against the medication administration record (MAR) before administration.