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

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#### **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.

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#### **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.



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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,