MM.25.4 All issues, concerns, or questions regarding medication order or prescription are clarified with the prescriber and documented before medication dispensing.

MM.26 The hospital has a system for safe preparation of sterile compounded preparations.

MM.26.1 The hospital has a manual for proper aseptic technique and intravenous admixture (e.g., the guidelines of the Saudi Food and Drug Authority, the American Society of Health-System Pharmacists, United States Pharmacopoeia USP <797>).

MM.26.2 Sterile compounded preparations are performed by the pharmaceutical care except during emergency or urgency situations in which a delay could harm the patient or when product stability is short.

MM.26.3 Sterile compounded preparations are performed in the clean room by pharmaceutical care staff, qualified in intravenous admixture and aseptic technique.

MM.26.4 The hospital provides and documents training and competency assessment of non-pharmaceutical care staff involved in compounding sterile preparations outside the pharmaceutical care department during emergency or urgency situations.

MM.26.5 There is full compliance with aseptic technique in all medication preparation areas all over the hospital.

MM.26.6 Visual inspection is performed for all compounded sterile products by a trained individual for particulate, discoloration, or evidence of loss of integrity.

MM.26.7 The pharmaceutical care has a clean room that is a functionally separate facility to maintain product sterility.

MM.26.8 The design of the clean room is guided by the professional organizations' standards (e.g., the American Society of Health-System Pharmacists, United States Pharmacopoeia USP <797>).

MM.26.9 The pharmaceutical care uses ISO Class 5 laminar airflow hood for preparing sterile injectable preparations and all other sterile preparations.

MM.26.10 The laminar airflow hood is tested at least every six months and in accordance with the manufacturer's requirements, the Saudi Food and Drug Authority guidelines and the professional organizations' standards (e.g, American Society of Health-System Pharmacists, United States Pharmacopoeia USP <797>).

MM.26.11 The hospital implements the written and approved guidelines on intravenous drug stability and compatibility.

MM.26.12 Any sterile preparation compounded outside the clean room (e.g., in the patient care area during emergency or urgency situation) is done in an appropriate environment (location, space, cleanliness, traffic, etc.) to prevent contamination.

MM.26.13 The pharmaceutical care regularly (at least once a month) inspects all areas where sterile preparations are compounded outside the pharmaceutical care clean room.

MM.26.14 The pharmaceutical care monitors the performance and qualifications of non-pharmacists permitted to prepare sterile compounded medications outside the pharmaceutical care department.

MM.26.15 There are written guidelines for safe recycling of returned (un-used) sterile preparations.