

July 20, 1995

1. Transmitted is a revision to the Department of Veterans Affairs, Veterans Health Administration, Manual M-2, "Clinical Affairs," Part VII, "Pharmacy Service," Chapter 3, "Inpatient Services."

2. Principal changes are:

- a. **Paragraph 3.02:** Discusses medication and management systems.
- b. **Paragraph 3.03:** Defines the responsibility of Chief, Pharmacy Service.
- c. **Paragraph 3.04:** Addresses medications brought into the medical center by a patient.
- d. **Paragraph 3.05:** Addresses transmission of Doctor's Orders to Pharmacy.
- e. **Paragraph 3.06:** Discusses Intravenous Fluids, Admixtures, and Chemotherapy.

3. **Filing Instructions**

Remove pages

3-i through 3-ii
3-1 through 3-5

Insert pages

3-i through 3-ii
3-1 through 3-5

4. **RESCISSIONS:** M-2, Part VII, Chapter 3, dated January 19, 1994.

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RESCISSIONS

The following material is rescinded:

1. Manuals

M-2, Part VII, Chapter 3, dated March 28, 1991.

CHAPTER 3. INPATIENT SERVICES

3.01 POLICY

The Department of Veterans Affairs (VA) Pharmacy Service is responsible for drug distribution within the Veterans Health Administration (VHA). Pharmacy Service provides services consistent with the maintenance of a high standard of medical care to the hospitalized patient. These services provide adequate controls for the receipt, distribution, control, accountability, and quality control of medication.

3.02 MEDICATION MANAGEMENT SYSTEMS

The unit dose drug distribution system is the primary distribution system for inpatient areas. Automatic replenishment or ward stock is used only to support the unit dose system and will not be the primary distribution system.

a. **Unit Dose.** A unit dose drug distribution system, which permits identification of the drug up to the point of administration, will be the primary distribution system for all inpatient areas.

(1) Orders are dispensed for individual patients up to a 24-hour period. In the case of nursing home care units (NHCU), or long-term facilities and/or wards, quantities in excess of a 24-hour supply may be issued.

(2) All medication orders are reviewed by a pharmacist prior to the dispensing of the drug. In cases where this is not possible, the pharmacist must review the order within a 24-hour period of the time in which it was written.

(3) Medication is delivered to wards and clinics at scheduled times and in suitable containers which fully identify the patient.

(4) Medication dosage schedules are established and arrangements made for off-schedule dispensing of "STAT" and change orders.

(5) Unused medications determined by Pharmacy Service to be suitable for reissue are returned to pharmacy stock.

b. **Automatic Replenishment (Ward Stock).** The automatic replenishment drug distribution system is one in which medications are prepackaged in an amount or volume consistent with the needs of the using ward or clinic and which permits distribution by pharmacy personnel. Unit dose packaged medications may be utilized in lieu of bulk bottles.

(1) Computer records indicating the ward or clinic, the item(s) provided, and the quantities provided are used as the record of inventory accountability. Pharmacy personnel maintain computer records and utilize those records for inventory accountability.

(2) Stock levels consistent with the needs of the using ward or clinic are established by pharmacy and ward and/or clinic personnel. All prepackaged units contain the name of the medication, the strength, the lot number, and the expiration date. Appropriate prepackaging records, such as the VA Form 10-1362, Pharmacy Service Prepackaging Record, are kept to ensure the identification of the manufacturer, if necessary.

(3) Medication returned and determined by Pharmacy Service to be suitable for reissue is returned to pharmacy stock.

3.03 RESPONSIBILITY OF CHIEF, PHARMACY SERVICE

The Chief, Pharmacy Service, is responsible for all the following inpatient activities. These include:

- a. A readily retrievable, computerized, medication profile system. The medical center computer system, the Decentralized Hospital Computer Program (DHCP) or equivalent, is to be utilized regardless of the medication distribution system in use.
- b. A planned and systematic monitoring and evaluation of the quality and the appropriateness of medication usage. **NOTE:** *This monitoring and evaluation program is an integral part of the overall Quality Improvement Program of the medical center.*
- c. Adequate staffing and space, as defined by existing criteria, are to be provided for inpatient medication distribution programs, professional and/or clinical programs, and administrative programs.

3.04 MEDICATION BROUGHT INTO MEDICAL CENTERS BY PATIENTS

- a. Medication brought into the medical center by patients must, upon admission of the patient, be turned in to the Pharmacy Service for appropriate disposition. Medication must not be stored in the clothing room or with personal property. In the event no family member is present, Medical Administration Service (MAS) and nursing personnel assist in the collection of the patient's medication. They seal the medication, write the patient's name, ward location, specific instructions, if any, and forward the package to the Pharmacy for disposition. Medications purchased by the patient remain the patient's personal property. Upon discharge, the patient must be given the option of having the personal property returned.
- b. Medications(s) brought into the medical center by the patient must not be used unless the treating practitioner makes the determination that its use is appropriate. If VA cannot timely obtain such medication through the regular or everyday procurement methods, VA Pharmacy Service identifies the medication, and the VA physician must give specific written orders to administer the medications(s). If authorized for use, the pharmacy relabels and reissues them in accordance with the practitioner's instructions and standard labeling procedures required for inpatient dispensing.

3.05 MEDICAL ORDERS

- a. All medication orders, whether oral, topical, parenteral, or other must be rewritten when the patients are transferred to and from designated specialty areas or services.
- b. All modifications or discontinuances of medication orders must be written on VA Form 10-1158, Doctor's Orders, or other approved equivalent, and signed by the physician. Erasures, strike-overs, and rewrites are not accepted.
- c. A direct copy of all prescribers' medication orders must be transmitted to the pharmacy. **NOTE:** *If, using electronic transmission, ensure that a clearly reproducible copy of the doctor's orders is used.*
- d. All medication samples must be controlled by Pharmacy Service.

3.06 INTRAVENOUS FLUIDS, ADMIXTURES, AND CHEMOTHERAPY

- a. All intravenous (IV) admixtures must be prepared in a manner consistent with national professional standards, guidelines and technical assistance bulletins, including those of the American Society of Health System Pharmacists (ASHP). The recommendations of the National Coordinating Committee on Large Volume Parenterals (NCCLVP), should be consulted, and relevant recommendations adopted in the development of local Pharmacy Service policy and procedures.

b. All parenteral fluids and medications are ordered on VA Form 10-1158, Doctor's Orders, or other approved form. Included in the medication order are the medication and dosage, IV volume, desired flow rate, and the stop date. **NOTE:** *The notation (to keep vein open) TKO and/or KVO must be accompanied with the appropriate flow rate determined by the physician.*

c. All medication prepared for cancer chemotherapy must be prepared in an appropriate area separate from routine item preparation. Such preparations of potentially hazardous medications must be prepared in a vertical flow hood, which meets all current Occupational Safety and Health Administration (OSHA) and ASHP requirements.

d. It is the responsibility of the registered nurse on duty to notify pharmacy of any changes to the patient's IV status.

(1) Pharmacy Receipt of IV Order

(a) A standard response time is maintained by the IV Admixture Service in order to be effective and responsive to patients' needs. Initial doses should be delivered within 1 to 2 hours after receipt of the correct request. Subsequent doses are provided prior to the scheduled administration intervals.

(b) STAT requests should be reserved for initial doses required in less than 1 hour after the order is written.

(2) Preparation of IV Admixture

(a) On receipt of the completed IV order, the pharmacist reviews the order, checks the dosage, and verifies input of all necessary information into the medical center computer system. Assessment of problems, interactions, or incompatibilities is the responsibility of the verifying pharmacist.

(b) All parenteral products are prepared in a suitable laminar flow hood using aseptic technique. The pharmacy label is affixed to the container, the container checked and verified by a pharmacist, and delivered to the patient care area. The preparation must be discarded if there is any evidence of contamination, precipitate, or other physical or chemical incompatibility.

(c) Labels. These should either be computer generated or purchased locally as a supply item.

1. Labels must contain the:

a. Patient's name;

b. Identifier number;

c. Ward and/or medical center locations;

d. Date prepared;

e. Identity of each additive, diluent, volume, and flow rate (if specified);

f. Special instructions (if specified);

g. Initials of the preparer; and

h. Expiration date.

2. Use of abbreviations is discouraged.

3. Outer wraps must be removed prior to labeling.

4. When light protective bags are used, the label must be affixed to the IV container, **not** the bag.

(d) All orders and preparation must be checked by a pharmacist prior to dispensing and administering of the product. The following are the minimum requirements for controlled checking:

1. The prepared admixture is checked for accuracy and completeness. Particular attention is given to patient identity, identity of the drug additive amounts added as evidenced by the empty vials or ampoules used, and solutions used. The pharmacist then initials on the label.

2. On receipt, on or before handling and/or administration of any IV, the registered nurse must check the IV label against the physician's written order. If there is any discrepancy, the registered nurse contacts the pharmacist for correction or resolution of the discrepancy.

(3) Delivery and Disposal of IV Solutions, Admixtures, and Chemotherapeutic Products

(a) The IV Admixture Service maintains at the nursing unit a supply of ordered IV solution and/or admixtures consistent with administration schedules. Parental solutions are delivered to the areas of use by pharmacy personnel. Those admixtures requiring storage at reduced temperatures are placed in the refrigerators designated by Nursing Service.

(b) Unless otherwise specified on the IV label, all unused IV admixtures are to be returned to the pharmacy within 24 hours after receipt. Pharmacy personnel monitor and control the IV stock level in the nursing area.

(c) Hazardous products must be disposed of according to medical center policy and applicable local, State, and Federal requirements.

3.07 RADIOPHARMACEUTICALS

A radiopharmaceutical is a drug, intended for the diagnosis and/or therapy of disease, where a part of its constituent atoms are radioactive nuclides. It is a pharmaceutical and, as such, must conform to all legal, ethical, and professional handling requirements of other pharmaceuticals. As it is a radioactive drug, it must conform to all legal and safety requirements established by Federal Regulations.

a. Nuclear Medicine Service, or Pharmacy Service, is responsible for the storage and the compounding of radiopharmaceuticals.

b. Appropriate credentials for all pharmacists involved in the preparation of radiopharmaceuticals are required.

c. Quality control must be in accordance with current Federal Regulations concerning radiopharmaceuticals and radioactive diagnostic agents. Records of all compounded and dispensed material are to be kept according to current Federal Regulations.

d. Proper storage areas are required for the storage, preparation, and disposal of radiopharmaceuticals. These designated area must conform with Occupational Safety and Health Administration standards. **NOTE:** *The Chief, Pharmacy Service, must annually review the safety precautions which have been implemented, and provide a copy of that review to the facility safety officer.*

3.08 COMPOUNDING

- a. Quality control of both the production and the product of bulk compounding must be in accordance with Professional Standards and Federal Regulations.
- b. Appropriate records must be maintained.