

MEDDAC/DENTAC Regulation 40-7

Medical Services

**Prescribing, Ordering,
Dispensing,
Administering, and
Monitoring
Medications**

Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-7

Prescribing, Ordering, Dispensing, Administering, and Monitoring Medications

Specifically, this revision—

- o Changes the title, which was formerly Administration of Medications, and completely revises the regulation.
- o Supersedes MEDDAC/DENTAC Reg 40-11, Adverse Drug Reaction (ADR) Reporting Program, dated 25 August 2003.

Department of the Army
Headquarters
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2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
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* MEDDAC/DENTAC
Regulation 40-7

Medical Services

Prescribing, Ordering, Dispensing, Administering, and Monitoring Medications

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History. This is the seventh revision of this publication, which was originally published on 15 April 1994.

Summary. This regulation covers the policies and procedures for prescribing, ordering, dispensing, administering and monitoring medications.

Applicability. This regulation applies to the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), to include all of the MEDDAC's outlying clinics, and to the U.S. Army Dental Activity, Fort George G. Meade (DENTAC).

Supplementation. Supplementation of this regulation is prohibited.

Proponent. The proponent of this regulation is the Chief, Pharmacy Service.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PS, 2480 Llewellyn Ave., Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or by e-mail to john.schneider@na.amedd.army.mil.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation establishes the policy and procedures for ordering, dispensing, administering and monitoring medications within the MEDDAC and DENTAC.

1-2. References

Related publications are listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-4. Responsibilities

- a. *The Deputy Commander for Clinical Services (DCCS)*. The DCCS will—
 - (1) Ensure that this regulation is implemented within the departments, services and clinics that are subordinate to him, to include the issuance of supplemental standing operating procedures (SOPs), if necessary.
 - (2) In collaboration with the Chief, Pharmacy Service, and Chief, Resource Management Branch (RMB), Business Division, develop an annual operating budget to ensure adequate resources are available for pharmaceutical and human needs of the Pharmacy Service.
- b. *The Deputy Commander for Nursing (DCN)*. The DCN will ensure that this regulation is implemented services and clinics that are subordinate to her, to include the issuance of supplemental SOPs, if necessary.
- c. *The Chief, Pharmacy Service*. The Chief, Pharmacy Service will—
 - (1) Provide ambulatory pharmaceutical care support within the MEDDAC and DENTAC.
 - (2) As chairperson of the Pharmacy and Therapeutics Committee (PTC), the chief will ensure the committee—
 - (a) Develops and maintains a list of medications that are routinely available to MEDDAC and DENTAC medication prescribing providers.
 - (b) Maintain a formulary that is appropriate for all MEDDAC medical treatment facilities (MTFs).
 - (3) In collaboration with the DCCS and Chief, RMB, develop an annual operating budget to ensure adequate resources are available for pharmaceutical and human needs of the Pharmacy Service.
- d. *The Chief, RMB*. The Chief, RMB will, in collaboration with the DCCS and Chief, Pharmacy Service, develop an annual operating budget to ensure adequate resources are available for pharmaceutical and human needs of the Pharmacy Service.
- e. *Clinic chiefs*. Clinic chiefs will ensure all ancillary medical support personnel are oriented to the policies and procedures contained within this regulation.
- f. *The Chairperson, Credentials Committee*. The Chairperson, Credentials Committee will ensure the committee reviews and approves/disapproves individual clinical privileges in accordance with (IAW) MEDDAC Reg 40-20.

Chapter 2

Patient rights, and organizational ethics

2-1. Respect for patient values and preferences

The MEDDAC's pharmacies will dispense drugs and provide drug therapy consultations to patients IAW the patient confidentiality policies established by the MEDDAC. At all times, without exception, pharmacy personnel will respect and protect the right of patients receiving medications and drug therapy consultations.

2-2. Informed consent for investigational drug studies

MEDDAC and DENTAC personnel will respect and protect the rights of patients who are asked to participate in medical or dental research or clinical trials involving drugs. The principal investigator will ensure that the patient, or the patient's legal representative, is provided with all the information necessary to make a fully informed decision.

2-3. Pharmacists' assessments of patients

a. When asked by a health or dental care provider to perform a medication assessment of a patient, the assessment will include but is not limited to the following:

- (1) The patient's medication history.
- (2) The patient's education needs regarding medications.
- (3) The patients ability to tolerate certain medications.

b. Pharmacists who are requested to interview patients who have complicated histories of medication use or drug allergies will be documented in the Integrated Clinical Database (ICDB).

c. Pharmacists may be requested by health care providers to interview patients or families to determine their ability, willingness and readiness to learn important aspects of medication use, either before or after their appointments with the health care providers.

Chapter 3

Care of Patients

3-1. Prescribing and ordering medications

a. *Formulary.* The MEDDAC will develop a system whereby medications are evaluated, appraised and selected for inclusion in the formulary. Drugs considered most useful for patient care will be stocked by the MEDDAC. The criteria for selecting medications included on the formulary will be based on indications for use, effectiveness, risks, and cost. Formulary and non-formulary therapeutic agents will be reviewed and approved by the PTC. The MEDDAC's Formulary is the Department of Defense (DoD) Basic Core Formulary supplemented by the MEDDAC Commander to meet the needs of the MEDDAC's MTFs. The MEDDAC will use the Composite Health Care System (CHCS) electronic formulary named "Kimbrough Formulary." The formulary is available in hard copy and may be downloaded from the Walter Reed Army Medical Center (WRAMC) web site <www.wramc.amedd.army.mil/wrhcs/formulary_query.cfm>.

b. *Formulary addition and deletion requests.* The prescribing provider must submit DD Form 2081 (New Drug Request) to the pharmacy at least two weeks prior to the next scheduled meeting of the Drug Utilization Evaluation (DUE) Committee. The sponsoring physician and/or his representative should appear in person at the meeting to discuss the therapeutic and cost-effective advantages of the requested medication. New drugs will be added to the formulary only after being

approved by the MEDDAC's PTC and commander. To support the Walter Reed Health Care System (WRHCS) formulary standardization initiative, requests for medications that are not on WRAMC formulary will require final approval from WRAMC's PTC and commander.

c. *Non-formulary (special purchase) drug requests.*

(1) If, after failed trials of available formulary medications, a provider determines it is medically necessary to prescribe a non-formulary medication, he may request the non-formulary drug through CHCS, IAW paragraph (2) below, or on DD Form 2081. The request requires approval by the Chief, Pharmacy Service or designee. (*Such prescriptions will not be entered into CHCS.*) The pharmacy will notify the provider after the request has been approved or disapproved. If approved, the pharmacy will use the information provided in the CHCS Mailman message or DD Form 2081 to enter the patient's prescription. The pharmacy will then notify the patient when the medication is available for dispensing, which is usually within two to three business days. A report of all non-formulary purchases made during the month will be forwarded to the PTC for review.

(2) When a provider submits a request for a non-formulary medication through CHCS, he will send it to his department chief and to the CHCS mail group G.KPHARM. The template shown below in figure 3-1 will be used.

- | |
|--|
| <ol style="list-style-type: none">1. Subject Line: Generic name of the drug2. Patient's Name:3. Sponsor's social security number (SSN)4. Generic/Brand Name of Drug5. Dosage6. Quantity:7. Directions for Use:8. Refill Information:9. Indication for Use:10. Formulary Drugs Used Previously11. Patient's Phone Number (Work and/or Home) |
|--|

Figure 3-1. Template for requesting non-formulary drugs using CHCS Mailman

(3) Special or non-formulary drug requests will not be submitted by military providers on behalf of prescriptions from civilian providers that are written for non-formulary medications.

d. *Ordering and prescribing controlled substances.*

(1) *Ordering controlled substances.*

(a) Documentation of the distribution and administration of controlled substances will be IAW with Army Regulation (AR) 40-3, appendix B.

(b) The pharmacy will order controlled substances from the local prime vendor through CHCS.

(c) Orders for clinic stock may be written by a registered nurse (RN) when ordering controlled substances for clinic use only.

(2) *Prescribing controlled substances.*

(a) Hand-written prescriptions must contain the authorized prescribing provider's signature block and social security number (SSN) or Drug Enforcement Agency (DEA) number, and will be signed by the provider. Signature stamps are not authorized.

(b) Unless a specific dispensing restriction for a chronic medication is approved by the PTC, DoD Health Affairs policy allows prescribing providers to prescribe up to a 90-day supply.

(c) Refills of medications classified as Schedule II substances by DEA are not permitted.

(d) Refills of medications classed as Schedule III, IV and V substances by DEA are permitted; however, the duration of therapy will not exceed six months or five refills, whichever is less.

(e) Individuals with prescribing privileges are not authorized to prescribe controlled substances for themselves or members of their families.

e. *General practices for prescribing and ordering medications.*

(1) Before a MEDDAC provider is authorized to prescribe any medications, he must be granted privileges by the MEDDAC Credentials Committee and the commander of the MTF where he will be practicing.

(a) IAW AR 40-3, paragraph 11-10a, the following categories of personnel are authorized to write prescriptions:

1 Uniformed and civilian physicians, dentists, veterinarians, and podiatrists engaged in professional practice at uniformed services MTFs.

2 Civilian physicians, dentists, and podiatrists, not assigned to a uniformed services MTF but licensed in the jurisdiction of their practice and treating personnel eligible for care in the Military Health System (MHS).

(b) IAW AR 40-3, paragraph 11-10b, the following personnel are authorized to write prescriptions only for selected medications as established under the provisions of AR 40-48 and/or approved by the local commander:

1 Uniformed and civilian optometrists, nurses, physician assistants, physical therapists, occupational therapists, and pharmacists engaged in professional practice at uniformed services MTFs and privileged to prescribe medications.

2 Civilian personnel, not assigned to a uniformed services MTF but licensed in the jurisdiction of their practice and treating personnel eligible for care in the MHS, may prescribe to the extent authorized by State law and the policies for equivalent staff non-physician health care providers.

3 Other non-physician health care providers not listed above but assigned to a uniformed services MTF and granted limited prescribing privileges.

4 Retired uniformed practitioners who are not in a professional practice but with a valid State license may prescribe only non-controlled substances for themselves and their families. Retired medical personnel not in a professional practice and not having a valid State license will not prescribe medications.

(c) Prescriptions, written by licensed civilian practitioners not assigned to a uniformed services MTF, for personnel eligible for care in the MHS will be honored at Army MTFs if the prescribed medication is on the MTF's formulary and meets local dispensing policies. Filling a prescription written by a civilian practitioner does not imply knowledge of or responsibility for a patient's medical condition. Under no circumstances will civilian prescriptions be countersigned or rewritten by military practitioners. Special or non-formulary drug requests will not be submitted by military providers on behalf of prescriptions from civilian providers that are written for non-formulary medications.

(d) A distance factor or geographic boundary limitation will not be a basis for denying

prescription services. MTF pharmacists will adhere to all applicable Federal and State laws when filling prescriptions originating from outside the state.

(e) Non-physician health care providers may, when authorized by the commander, dispense the drugs they are privileged to prescribe after the drugs are properly prepackaged and labeled.

(f) For other factors impacting on clinical privileging, see AR 40-68, paragraph 9-3.

(g) Prescription will be consistent with a provider's granted privileges and the local prescribing restrictions. Local prescribing restrictions will be managed by the PTC.

(2) CHCS will be the primary means a for providers to write prescription for outpatients. DD Form 1289 (DOD Prescription). When a prescription is written on DD Form 1289, it must be legible and signed in ink by the prescribing provider. The following additional information will be included on the DD Form 1289:

(a) *Military providers.* The provider's name, grade (for example, CPT or LTC), SSN or DEA number, and branch of military service.

(b) *Department of the Army General Schedule (GS) providers.* The provider's name, GS grade (for example, GS-15), and SSN or DEA number.

(c) *Contract providers.* The provider's name and SSN or DEA number.

(3) If a patient is twelve years old or less, the provider will include the patient's weight on the prescription.

(4) Under no circumstances will a provider prescribe or order a psychotropic for his own use for his family.

f. *Drug samples.* The use of drug samples is not permitted for clinic or outpatient use within the MEDDAC. Drug samples provided by pharmaceutical companies, regardless of value, are classified as a gift and therefore fall under the provisions of AR 1-100 as prohibited items.

g. *Drug procurement and inventory control.* The responsibility for control of medications within the MEDDAC rests with the Chief, Pharmacy Service. Policies and procedures are designed to ensure the safe and accurate dispensing of medications throughout the MEDDAC IAW AR 40-3 and AR 40-61. These policies will be approved by the PTC and reviewed annually.

(1) Except for clinic stock items, the pharmacy will not release any medication to nursing activities without a valid medication order from a provider.

(2) The Chief, Pharmacy Service (Kimbrough Ambulatory Care Center (KACC)), will conduct monthly liaison visits to each of the MEDDAC's outlying clinics that has a pharmacy service or section. Following a clinic's liaison visit, the Chief, Pharmacy Service will prepare a report of the visit, which will be given to the outlying clinic's pharmacy representative. The outlying clinic's pharmacy representative, and the clinic's commander/chief or noncommissioned officer in charge (NCOIC) will sign the report, then forward one copy to the clinic's commander/chief and another copy to the Chief, Pharmacy Service at KACC.

h. *Outpatient prescriptions.*

(1) Outpatient prescriptions are an important component of the continuum of the patient's care. The MEDDAC is committed to assisting the patient and his family to obtain access to appropriate pharmaceutical care during the health care process.

(2) Medications supplied by a MEDDAC MTF will not be removed from the MTF unless a prescription or medical record order has been written for the medication. The medication will be prepared by the pharmacy IAW AR 40-3 and properly labeled.

i. *Compounded prescriptions.* Medications and chemicals used to prepare medications will be segregated. All medications and chemicals will be accurately labeled with contents, expiration

dates, and appropriate warnings.

j. *Blood derivatives.*

(1) Blood derivatives are pooled blood products such as albumin, gamma globulin, and Rh immune globulin; factor VII, factor IX and immune globulin.

(2) The procurement, storage, control and distribution of all given blood derivatives are managed by the pharmacy, with the exception of Rhogam®. The Infection Control Committee provides guidelines for the safe administration and monitoring of blood derivatives. Orders for blood derivatives are subject to the same guidelines as other medications. In certain circumstances, Laboratory Service will maintain a floor stock of these items for clinic use only.

k. *Radiographic contrast media.* The Department of Radiology is responsible for the procurement, administration and monitoring of contrast media. In the event of an adverse reaction to contrast media, the Department of Radiology will report the adverse drug reaction (ADR) to the pharmacy. The PTC will review all significant ADR reports involving contrast media and report to the Food and Drug Administration (FDA), as appropriate.

l. *Pharmacist order verification.* A pharmacist will review each prescription order for medication. Exception is made for situations in which a physician or RN with clinical privileges control prescription ordering, preparation and administration, as in surgery or during a cardio-respiratory arrest. When questions arise, the pharmacy will contact the prescribing provider for clarification.

m. *Pediatric cardiopulmonary resuscitation dosing guidelines.* The Chief, Department of Primary Care, in conjunction with the Chief, Pharmacy Service, will prepare dosing guidelines, IAW the Emergency Medication Dosage for Pediatrics, related to for pediatric patients (that is, for patients under the age of 18 years).

3-2. Preparation and dispensing of medications

a. *Licensure and Professional Standards.* With regard to licensure and professional standards, the pharmacy will operate within all applicable Army regulations and Federal laws, regulations and licensure requirements. In matters of professional judgment or practice standards, guidelines and recommendations of the American Society of Health System Pharmacists and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will be given first consideration and priority. The pharmacy will have, at all times, a valid and current license for all pharmacists. A copy of the current renewal will be kept in the pharmacy's personnel files. The delineated privileges of clinical pharmacists will be reviewed and updated IAW AR 40-68.

b. *Questionable prescriptions.*

(1) Pharmacists are licensed professionals and are liable for the medications they dispense. The pharmacist has a responsibility to contact the prescribing provider on any and all medication orders with which there is a concern prior to dispensing the medication to the patient. If the provider cannot be contacted, the pharmacist will attempt to contact the provider's supervisor, then the DCCS, if necessary. If none of these are available (that is, the prescribing provider, his supervisor, and the DCCS), and there is concern that a life-threatening or serious reaction to the medication could occur, the patient will be informed that there are concerns and the medication cannot be dispensed until the prescribing provider, his supervisor or the DCCS can be contacted and authorization it.

(2) If a provider (or his supervisor or the DCCS) insists that a medication be dispensed and the pharmacist still has concerns, the pharmacists will document the incident by completing DA Form 4106 (Quality Assurance/Risk Management Document) and filing it.

c. *Medication labeling.* In accordance with AR 40-3, paragraph 11-17—

(1) A label will be prepared for each prescription dispensed to individuals and will be securely affixed to the container prior to dispensing. The information on the label will be consistent with Federal law.

(2) Supplemental labels will be affixed to prescription containers as dictated by the pharmacist's professional judgment and the current standard of pharmacy practice. Such labels will be used to warn individuals of potential interactions or side effects, special handling or storage requirements, or poison considerations. (See AR 40-3, table 11-1.)

(3) Labeling requirements for drugs issued in bulk to clinics and other authorized agencies will be prescribed by the commander. The container label will include the generic name and strength, manufacturer, lot number or locally assigned lot number, and expiration date.

(4) Over-the-counter (OTC) medications dispensed through a self-care program will be dispensed in the manufacturer's original package without additional labels attached.

(5) Labels for intravenous admixture solutions prepared by the pharmacy service will comply with Federal law and appropriate standards of practice.

d. *Drug Distribution.*

(1) The unit-dose distribution system will be used to the maximum extent possible for clinic stock. This will minimize the need for further manipulations that introduce opportunity for error.

(2) Clinic stock items will be maintained at a safe supply level, as approved by the PTC. When a clinic chief desires to modify his stock list, he must request such in writing, through the Chief, Pharmacy Service, to the PTC, which will review the request and either approve it or disapprove it. Clinic stock lists will be reviewed annually by the PTC.

(3) The pharmacy service will fill prescriptions for eligible beneficiaries subject to the PTC's dispensing policy.

(4) All medications, including OTC items, will be dispensed only upon receipt of a properly written or automated prescription, unless the patient is enrolled in a self-care program.

e. *Clinic stock medications.*

(1) Responsibility for control of clinic stock medications within the MEDDAC rests with the Chief, Pharmacy Service of the MTF. Policies and procedures are designed to ensure the safe and accurate dispensing of medications throughout the MTF. The PTC will approve all floor stock items and shelf levels.

(2) Clinic stock, which is also known as bulk drug orders, is medication maintained in specific areas of the MTF, such as clinics and operating rooms. These medications are to be administered by appropriate personnel who authorized to order, prepare and administer drugs. Responsibility for the security of clinic stock rests with the head nurse, NCOIC or physician, as assigned.

(3) It is the responsibility of each section to maintain clinic stocks at safe levels, as approved by the PTC, and within their respective expiration dates. Floor stocks will be arranged to separate internal from external pharmaceutical items. Floor stocks will be neat in appearance and orderly to help avoid medication errors. Items with an expiration date will expire the last day of that month (for example, 9/01). It is the responsibility of each clinic chief to return expired medication to the pharmacy service's supply and support section, along with the proper documentation to facilitate the turn-in (that is, DD Form 1289 or DA Form 3161 (Request for Issue or Turn-in)).

(4) Clinic stock items will be procured only from the pharmacy service.

(5) All non-stock items in the clinic must be prescribed for individual patients and appropriately labeled.

f. *Procurement, storage and distribution of controlled substances.* The procurement, storage, distribution and accounting of controlled substances will be accomplished IAW AR 40-3, AR 40-61 and MEDDAC/DENTAC Reg 40-24.

(1) Nursing activities requiring controlled substances to replenish floor stock will submit their requests to the pharmacy service on DD Form 1289. Only a registered nurse with an approved DD Form 577 (Signature Card) on file in the pharmacy may order controlled substances for floor stock for the nursing activities.

(2) Except in an emergency, bulk transfers of controlled substances between patient care areas is not authorized. Emergency transfers will be recorded on the appropriate DA Form 3949 (Controlled Substances Record) (that is, on the DD Form 3949 that the controlled substance being transferred is accounted for on) by an individual authorized access to the controlled substance. On the DD Form 3949, the individual making the transfer will debit the receiving area and credit the transferring area (for example, "Transferred to X Clinic" and "Received from Y Clinic").

(3) Patient's drug profile. All medications ordered for a patient will be entered into CHCS by a provider's order entry or by a pharmacy service. The patient's drug profile will be completed for clinical screening, safety, effectiveness and appropriateness of therapy.

g. *Emergency medications.*

(1) Emergency equipment, crash carts, and/or automatic external defibrillator (AED) trays are maintained in some patient care areas of the MEDDAC's MTFs. The PTC, as advised by the Medical Staff Functions Committee, will determine the medications to stock in crash carts.

(2) The pharmacy is responsible for providing a sealed drawer of emergency medications to Central Medical Service (CMS) upon request. A crash cart/AED tray stockage list will accompany each drawer. It will contain the inventory of each drawer, lot number, and expiration date of each medication. CMS is responsible for documenting the crash cart's seal and expiration date as part of their emergency cart checklist.

(3) Once a crash cart is opened, the clinic opening the crash cart will turn it in to CMS for replacement.

h. *Medication recalls.*

(1) The pharmacy receives and reviews Medical Materiel Quality Control messages and takes appropriate action IAW AR 40-3 and AR 40-61 to affect recalls. Recall of medications to the patient level will be posted immediately to CHCS, for further action, or other means designated by the MTF commander (or designee).

(2) The pharmacy will maintain a system whereby drugs subject to recall can be immediately identified through the local prime vendor and CHCS, then quickly removed from active inventory and sequestered.

i. *Enteral nutrition products.*

(1) Outpatient use of therapeutic dietary supplements will be reviewed on an individual basis for each patient by the PTC and approved by the MTF commander as governed by AR 40-3. Except as stated below in paragraph (2), it is the responsibility of the patient or his legal guardian, to procure dietary supplements through the Post Exchange, Commissary or other retail source.

(2) As an exception to paragraph (1), above, patients with aminoacidopathies consisting of phenylketonuria, maple syrup urine disease, homocysteinuria, histidenemia and tyrosinemia will be

provided special amino acid modified nutrient preparations by the pharmacy or dietary service upon presentation of a valid prescription.

j. *Sterile admixture of parenteral products.*

(1) It is MEDDAC policy that parenteral medications will be prepared using aseptic technique in designated areas free from traffic and other distractions. Whenever possible, the pharmacy will procure necessary injectable drugs in ready to use form (for example, Add-a Vial and premixed small volume solutions).

(2) Admixture will only be performed by personnel trained to prepare sterile products. Employees who are required to occasionally manipulate parenteral products will be required to validate their skills and training, which will be documented in their competence assessment files.

(3) Concentrated electrolytes will be available only in specific areas. Specific precautions will be taken to prevent inadvertent administration of concentrated electrolytes.

(4) See appendix B for instructions in the steps for preparation of IV admixtures.

k. *Automated dispensing machines (such as Omnicell and Pyxis).* Automated dispensing machines will be used when the pharmacy is closed, IAW the following procedure:

(1) All medication orders will first be entered into CHCS by the provider.

(2) The provider, an RN or a licensed practical nurse (LPN) (military occupational specialty (MOS) 91C) will remove only the medication(s) ordered for the individual patient.

(3) Prior to removal of a medication, the user (that is, the provider, RN or Medical Specialist) will verify the inventory count. If the count on the screen is not the same as the count found in the drawer, the user will correct the count on the screen and proceed with the removal of the medication. (Correcting the count on the screen creates a discrepancy in CHCS that alerts the pharmacy to investigate the discrepancy.)

(4) The provider must dispense the medication to the patient.

3-3. The MEDDAC's medication administration policy

a. *Personnel authorized to administer medications.* In accordance with the MEDDAC's medication administration policy, the following personnel are authorized to administer medications—

(1) Credentialed providers.

(a) Medical practitioners.

(b) Nurse practitioners.

(c) Dental practitioners.

(d) Physician assistants.

(e) Certified RN anesthetists.

(f) Podiatrists (limited to specialty).

(g) Optometrists (limited to specialty).

(h) Physical therapists (limited to specialty).

(i) Radiologists (limited to specialty).

(2) RNs, LPNs (within their scope of practice), and licensed MOS 91W Medical Specialists (within their scope of their MOS), are permitted to administer oral, parenteral, and topical medications.

(1) RNs may administer intravenous (IV) push medications within their scope of practice, provided they have written orders from credentialed providers.

(2) Ancillary medical support personnel are authorized to administer medications within the scope of their MOS (for example, a respiratory therapy technician, MOS 91V), provided they have written orders from credentialed providers.

b. Patient identification.

(1) Every patient receiving a medication will be positively identified prior to administration of the medication to reliably identify the individual as the person to whom the service or treatment is intended and to match the service or treatment to the individual. The patient will be positively identified by one of the following methods:

(a) A comparison of the patient's stated name and birth date with the information on the patient's identification (ID) card or ID bracelet (for example, surgical or endoscopy patients).

(b) A parent or legal guardian will state the patient's name and birth date for identification purposes if the patient is unable to do so due to age or disability.

c. Medication orders.

(1) Medications will be administered only on the written order of a credentialed provider.

(2) Verbal and telephonic orders for medication administration will be kept to a minimum and should only be used in situations where patient care would suffer if the order were delayed or if the provider is physically incapable of ordering the medication via CHCS.

(a) Only another provider or an RN may accept a verbal or telephonic medication order and will read the complete order back to the prescribing provider, who will confirm the accuracy and completeness of the order.

1 Except as stated below in paragraph 2, the read-back confirmation will be documented in CHCS or written in the patient's medical record.

2 The only exception to the immediate read-back confirmation is in an emergency situation, such as during a Code Blue, wherein a delay to obtain confirmation from the prescribing provider would place the patient at greater risk. If the verbal order is complete and clearly understood by the receiver, the order should be carried out and the confirmation should be documented as soon as possible thereafter.

(b) The receiver of a verbal or telephone medication order will ensure that all necessary elements are included in the order (that is, the date, time, drug name, dosage, frequency (if needed), quantity, name of provider, and reason for medication).

(c) The prescribing provider should authenticate all telephonic and verbal medication orders within 24 hours. If a provider is unable to countersign a telephonic medication order that he has written, he may contact the covering physician to discuss the order. The covering physician may then countersign the telephonic order on behalf of the prescribing provider.

d. General guidelines for administering medications.

(1) The caregiver responsible for administering a medication will verify the patient's allergy status and know the following information about the medication:

(a) Mechanism of action.

(b) Indications for use.

(c) Appropriate dose.

(d) Administration rate, if applicable.

(e) Adverse reaction profile.

(2) The caregiver will discuss any medication concerns the patient or family may have prior to administering the medication.

(3) All personnel permitted to administer medications will check for the five "Rights" of medication administration. This check will be done at least twice; at the time of the preparation and just prior to administration. The five "Rights" of medication administration are—

(a) Right patient.

- (b) Right Drug.
- (c) Right Dose.
- (d) Right Time.
- (e) Right Route.

(4) Medications will be checked for stability (that is, for particulates or discoloration) prior to administration.

(5) A blanket reinstatement of previous pre-operative medication orders is not acceptable.

(6) If a medication is to be administered in a clinic setting, the provider must place the medication order in CHCS with “for clinic administration” placed in the “sig” field.

(7) Any concerns about the medication and the patient will be addressed with the relevant staff involved in the patient’s care prior to administering the medication.

(8) All medication administrations will be documented in patients’ medical records.

(9) When STAT or PRN medication is administered, a nursing note will be written to specify why it was administered. The medication’s effect(s) will be assessed and documented.

(10) Preprinted medication order sheets will be reviewed and updated annually.

e. *Patient personal medications.*

(1) Patient personal medications brought into Same Day Surgery (SDS) at KACC by patients will not be administered unless identified by the attending physician or the Chief, Pharmacy Service, and deemed safe for use in conjunction with the patient’s surgery and recovery.

(2) Self-administration by a patient of his personal medications will be permitted if the patient can produce a written order by the authorized prescribing practitioner.

(3) Patient personal medications not used during the patient’s stay within SDS will be returned to a family member. If this is not possible, they will be sent to the pharmacy service for temporary storage.

f. Investigational drugs. The MEDDAC does not stock investigational drugs in its pharmacies.

g. IV drug stability standards. IV drug stability standard supplemental references will be maintained in the MEDDAC’s patient clinics and pharmacies.

3-4. Monitoring medication effects

Information needed to monitor medication effects to ensure safe medication management will be available in CHCS, ICDB, and/or the patient’s chart. At a minimum, the patient’s age, gender, current medications, diagnoses, comorbidities, concurrently occurring conditions, relevant lab values, and past sensitivities will be available. When appropriate, the patient’s weight and height will also be available.

a. *Pharmacist therapeutic intervention.* A registered pharmacist will review a patient’s medication order at the time a drug is prescribed. The pharmacist will review the order for potential drug interactions, therapeutic duplication, subtherapeutic or supratherapeutic dosage. If the patient is receiving specific therapy for digoxin, phenytoin and warfarin, he will be provided drug-food interaction counseling.

b. *Therapeutic drug monitoring.* Clinical pharmacists will manage and monitor therapy by approved drugs according to established guidelines. A clinical pharmacist is authorized to initiate and/or modify the use of therapeutic drugs if requested to do so by the patient’s physician. Therapeutic drugs includes but is not limited to antibiotics, anticoagulants and anticonvulsants. Initiation of therapy with therapeutic drugs is based on individual patient parameters.

c. *Monitoring a medication’s effects on a patient.* All staff who interact with a patient is

responsible for monitoring the effects of medications that have been administered to the patient. A pharmacist will monitor therapeutic drug levels, creatinine clearance, clinical screenings, drug-to-drug interactions, adverse drug reactions, drug-nutrient interactions, dosages and other important pharmacokinetic parameters. A pharmacist will advise multidisciplinary team members whenever a medication is not achieving its desired effect on the patient. The multidisciplinary team will monitor the patient's perception of side effects and perceived efficacy, as appropriate.

3-5. Education

a. *Medication use.* Patient and family education on the safe and effective use of medication is a multidisciplinary responsibility. The efforts of the pharmacy service are intended to augment, compliment and enhance the patient's educational plan to ensure a complete and comprehensive understanding by the patient and/or family. Drug information will be provided to the patient and/or family verbally; written drug information will be provided upon request.

b. *Drug-nutrient interactions (DNIs).* The pharmacy service and nursing personnel will work together to educate patients and/or families about potential drug-nutrient interactions, whenever such education is deemed necessary. The DNI program will be reviewed annually by the DUE Committee and the PTC. In addition, providers should be cognizant of the most common DNIs.

c. *Patient package inserts.* All patients receiving estrogen or progesterone containing substances will also receive a patient package insert indicating the contraindications and risks associated with estrogen or progesterone therapy.

d. *Provider orientation.* The pharmacy service participates in the MEDDAC's New Providers Orientation.

3-6. Continuum of care

IV and intramuscular home health care are not available from DoD pharmacies. Accreditation to provide home health care injectables requires a separate JCAHO accreditation and extensive set of practice standards. Since the pharmacy services at WRAMC, the National Naval Medical Center, and Malcolm Grow Medical Center are also DoD pharmacies, they are also not accredited to provide home health care injectables and cannot provide sterile products for home health care use.

Chapter 4 Improving Organizational Performance

4-1. Drug usage evaluation

a. The DUE Committee, acting on behalf of the medical staff, will implement drug use evaluation studies to ensure medication use within KACC is monitored in a systematic and continuous manner. Drug use evaluations will be assessed IAW the following priorities:

(1) *High volume.* Large volume prescribed and/or a trend demonstrating increased prescribing over time.

(2) *Problem prone.* Potential for inappropriate use (that is, indication, administration, dosing or monitoring).

(3) *High risk.* Narrow therapeutic window (Heparin), potential for adverse effect alone (narcotics) or when used with other drugs and/or use in a population at risk for adverse effects (neonatal, geriatric, organ failure).

- (4) *High benefit.* Critical component of the care provided for a specific diagnosis or condition. Critical component of the care provided for a specific procedure.
- (5) *Cost.* One of the top 20 drugs in the pharmacy budget based on acquisition cost.
- (6) *Designated by the PTC or other patient care committee for evaluation.* Formulary addition or potential deletion, usage of any drug in an outpatient setting based on a specific concern. Reevaluation suggested based on a previous target drug program evaluation.
- (7) *Designated by quality assurance activities.* Medication error reports, reaction reports.
- (8) *Recommended by clinician.* Suggested by clinician for evaluation based on clinical experience with the drug or a class of drugs.

b. **Criteria development.** After priorities have been set and drugs have been selected for evaluation under the DUE program, explicit criteria will be developed by the medical staff. A current literature search will be conducted to ensure that all aspects of the criteria are up to date. Criteria will always be established in conjunction with the persons expected to comply with them, and with individuals who have expertise in the area. The evaluation will focus on processes that measure prescribing or ordering of medications, preparing and dispensing, administration and monitoring the medication's effect on the patient.

c. **Data collection, analysis, follow up, and dissemination of information.** Once criteria are approved, data will be collected retrospectively, concurrently or prospectively. The medical staff, pharmacy service, and nursing staff will analyze collected data. A written report will summarize data analysis and recommend solutions and follow up for identified deficiencies. DUE findings, recommendations and follow up actions will be fully documented and shared with the medical staff via the PTC, the Medical Staff Functions Committee, and the Executive Committee, as required.

4-2. Medication errors

The MEDDAC has an obligation to create a system of checks and balances to reduce the likelihood of human error when dealing with medications.

a. *Definition of medication error.* The National Coordinating Council for Medication Error Reporting and Prevention and the DoD Patient Safety Program define a medication error as—
 “Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer.”

b. *Category I medication errors.* A Category I medication error occurs when one or more doses of a medication have been taken, used by, or administered to the patient. They will be reported and handled within the MTF as follows:

(1) Immediately after discovering the error, the discoverer will notify the attending physician (or other physician if the attending physician cannot be contacted), who will evaluate the patient for potential treatment needs as expeditiously as possible.

(2) Not later than (NLT) 24 hours after the incident (excluding weekends and holidays), the individual who discovered the error will complete DA Form 4106 and submit it to his supervisor.

(3) NLT 48 hours after the incident (excluding weekends and holidays), the supervisor will forward the DA Form 4106 to the Quality Manager/Risk Manager, the Safety Officer, and the Chief, Pharmacy Service.

(4) The Chief, Pharmacy Service will submit a detailed incident report of the medication error to the National Database for Medication Errors via the MedMarx web site on the Internet

(www.medmarx.com) as soon as possible.

c. *Category II and III medication errors.* Medication errors detected and corrected before medication is dispensed (Category III), or errors detected after the medication is dispensed but not taken or used by the patient (Category II), will be reported to the Chief, Pharmacy Service, so it can be recorded in the Pharmacy Service's Medication Error Log and also evaluated by the Pharmacy Performance Improvement Committee for further action.

d. *Sentinel event medication errors.* Any medication error, regardless of category, that results in unexpected death or serious physical or psychological injury, or the risk thereof (to include the risks associated with a recurrence to carry a significant chance for a serious adverse outcome), is considered a sentinel event and will be reported and handled IAW MEDDAC Reg 40-30.

e. *The National Database for Medication Errors.* The Chief, Pharmacy Service, will submit a detailed incident report of all medication errors occurring within the MEDDAC to the National Database for Medication Errors via the MedMarx web site on the Internet (www.medmarx.com) as soon as possible. This includes all medications errors, regardless of category.

f. *Trend analyses.* The MEDDAC Patient Safety Committee will summarize data and perform a trend analyses of all medication errors occurring within the MEDDAC. The committee's results will be submitted to the PTC, which will issue reports of actions taken and appropriate follow ups.

4-3. Organizational improvement

a. The basis for most process improvement efforts related to the medication use process will be that of the statistical process improvement or organizational improvement model. Improvement efforts may be department- or service-based, but oversight responsibility rests with the PTC, IAW MEDDAC/DENTAC/VS Reg 15-1.

b. Data collected will, whenever possible, be monitored across the MEDDAC, computer generated and verifiable.

c. Planned or systematic follow up will be part of action plans to determine the effectiveness and durability of improvements.

4-4. Adverse drug reaction (ADR) and adverse vaccine reaction (AVR) reporting

a. For FDA reporting purposes, a reportable serious adverse drug event as one in which the patient outcome is death, life-threatening, hospitalization, disability (significant, persistent or permanent), congenital anomaly or required intervention to prevent permanent impairment or damage.

b. According to the standards set by JCAHO, a significant drug reaction is one in which the suspected drug must be discontinued, the patient requires treatment with another drug (such as an antihistamine, steroid or epinephrine), or the patient is admitted to a hospital.

c. An ADR is defined as an unexpected, untoward reaction to a drug. The following are reportable ADRs:

- (1) Life-threatening or fatal reaction to a drug.
- (2) Temporary or permanent disability as a result of a reaction to a drug.
- (3) Allergic or hypersensitivity reaction to a drug.
- (4) Adverse event occurring from a drug overdose, whether accidental or intentional.
- (5) Adverse event occurring from drug abuse or withdrawal.
- (6) Significant failure of expected pharmacological action.

d. Upon discovery of an ADR, the attending physician, dentist or other health care provider

who ordered the drug will be notified.

e. A description of each suspected ADR and outcome will be documented in the patient's medical record, and to the patient's allergy field in CHCS. This will flag the patient's automated profile if another similar agent is prescribed.

f. Reporting ADRs and AVRs. Any member of the MEDDAC and DENTAC who notices an unusual or suspected ADR or AVR will report it to the Chief, Pharmacy Service, as follows:

(1) ADRs will be reported via CHCS mail group G.KADR or on MEDDAC Form 492 (Adverse Drug Reaction Reporting Form).

(2) AVRs will be reported on the FDA's Vaccine Adverse Event Report (VAERS)

g. All ADRs and AVRs will be reviewed by the Chief, Pharmacy Service, who will submit them to the PTC for further evaluation.

h. The Chief, Pharmacy Service, will report all serious and unexpected ADRs to the FDA's MedWatch Program on FDA Form 3500 (MedWatch Voluntary Submission Form 3500).

4-5. Pharmacy and Therapeutics Committee (PTC)

The PTC is the oversight committee for medication use in the MEDDAC. For more information concerning the purpose, organization and functions of the PTC, see MEDDAC/DENTAC/VC Reg 15-1.

Chapter 5

Scope of Service, and the Organization and Functions of the Pharmacy Service

5-1. Scope of service

a. The pharmacy will concern itself with all aspects of medication use (that is, prescribing, ordering, preparing, dispensing, administering and monitoring).

b. Primary responsibility for prescribing and ordering medications rests with the individual medical and non-medical providers IAW AR 40-3 and AR 40-48, respectively.

c. Primary responsibility for the preparation and dispensing of medications rests with the pharmacist(s).

d. Primary responsibility for administering medications rests with the nurses. (The pharmacist and the nurse make independent verifications of the prescriptions or orders prior to administration.)

e. The responsibility for monitoring a patient's response to medication is shared by the attending physician, attending nurse(s), and the pharmacist. Documentation and communication between disciplines will be accomplished through progress notes and the multidisciplinary care approach.

5-2. Organization and functions of the Pharmacy Service

a. *Organization.* The Pharmacy Service is comprised of four sections:

(1) Administration Section.

(2) Outpatient Services Section.

(3) Clinical Services Section.

(4) Pharmacy Support Services Section.

b. *Job description of the Chief, Pharmacy Service.* The primary, pharmaceutically-related duties of the Chief, Pharmacy Service are as follows. He will—

(1) Organize and direct a comprehensive program of pharmaceutical services within

the MEDDAC.

(2) Be responsible for all Pharmacy Service activity and personnel IAW all applicable policies, directives and regulations of the DoD, Army, U.S. Army Medical Command, and accepted standard practices of the profession.

(3) Confer with patients and the medical staff on professional problems, as required, and work to advance the practice of pharmaceutical care.

c. Pharmaceutical Care Plan.

(1) Pharmaceutical care is defined as the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life. The overall goal of the Pharmacy Service is to optimize drug therapy for each patient. It is the goal of the service to apply the principles of pharmaceutical care to achieve definite (predefined), medication-related therapeutic outcomes.

(2) The pharmacist works to determine goals and achieve defined drug therapy outcomes in collaboration with the physician, nurse and other health care providers. When appropriate, the pharmacist establishes a direct relationship with the individual and/or family.

Chapter 6

Management of the Environment of Care

6-1. Medication security

a. All drugs stored in MEDDAC MTFs and DENTAC dental treatment facilities will be accessible only to authorized personnel.

b. Controlled substances will be under double-locked security at all times when not in use.

c. All drugs, except those intended for crash cart use, will be stored in lockable containers or areas.

d. When unattended, crash carts will be stored in secure environments.

6-2. Chemotherapy handling

Providers will use universal precautions when preparing and administering chemotherapy assets.

6-3. Refrigerated drug storage

a. All refrigerated drug storage areas will be inspected daily when the MTF is open to ensure compliance with drug storage standards. Compliance with this requirement will be monitored during the monthly pharmacy liaison visits of clinic areas.

b. Acceptable temperature ranges.

(1) Refrigerator temperature range: 2.0°C to 8.0°C (36°F to 46°F).

(2) Freezer temperature range: -20°C to -10°C (-4°F to 14°F).

(3) Room temperature range: 15°C to 30°C (59°F to 86°F).

c. In the event of a variance from a normal temperature range, as shown above in paragraph *b*, the pharmacy will be consulted immediately to determine the disposition of refrigerated and/or frozen drugs.

6-4. Inspection of medication storage areas

a. Clinical areas where medications are stored, prepared or dispensed will be inspected monthly by the pharmacy service to ensure compliance with professional standards, manufacturer recommendations, and local policies and procedures.

- b. Drug storage areas will be designed so that drugs intended for external use are clearly separated from drugs intended for internal use.
- c. Medications which are easily confused will be segregated.
- d. Drugs requiring refrigeration will be stored accordingly. Maintenance of the refrigerator will conform to MEDDAC infection control guidelines.
- e. Poisonous substances will be stored in locked cabinets, separate from all other medications.
- f. Storage areas must be clean, orderly, and free of food and other non-drug items.
- g. All medications will be properly labeled and stocked at an appropriate level. An updated Drug Information Handbook will be readily available and the regional Poison Control number will be posted.
- h. All medications determined to be expired, damaged, or contaminated will be segregated until they can be removed from the MTF in an authorized manner.

6-5. Unused and expired medications

Unused and expired medications will be returned to the pharmacy. Return of controlled medications will be documented, minimum, on DA Form 1289. An outside agency or contractor, to be determined by the Chief, Pharmacy Service, will be utilized for the destruction of all medications.

6-6. Storage of flammable materials

All flammable materials will be stored in areas that comply with the provisions of AR 40-3 and AR 40-61, and will be labeled "Flammable."

6-7. Safety

Each of the MEDDAC's pharmacy services participate in its MTF's safety practices and procedures IAW the MTF's, KACC's, and Pharmacy Safety Standards of Procedure.

Chapter 7

Management of Human Resources

7-1. Staffing plan

The MEDDAC's pharmacy services—

- a. Provide services to the MEDDAC's various MTFs.
- b. Have a mix of skilled personnel to include pharmacists, pharmacy technicians and pharmacy supply technicians.
- c. Have the capability to provide the following services:
 - (1) Drug distribution for outpatient prescriptions.
 - (2) Medication education to patients and families.
 - (3) Drug information.
 - (4) Pharmaceutical care, counseling and drug monitoring.
 - (5) Disease state management (for example, the Lipid and Hypertension clinics).

7-2. Competency assessment files (CAFs)

Except for pharmacists who are credentialed providers, the MEDDAC's pharmacy services will maintain CAFs on all personnel IAW MEDDAC Reg 600-8-2. (Pharmacists are registered by the Board of Pharmacy, maintain a licensure to practice pharmacy, and may therefore be cre-

denialed providers. A pharmacist who is a credentialed provider will not have a CAF maintained in the pharmacy service because his credentials file, which is maintained by the Credentials Office, serves this purpose.)

7-3. Education and training plan

a. Pharmacy services' services reach many different people (pharmacists, physicians, nurses and patients). Each group has different educational needs about the safe use of medications.

b. Pharmacists are involved in pharmaceutical and medication educational programs, both in teaching them and learning from them, and are the key players in improving the medication use process.

c. Pharmacists participate in annual training to obtain continuing pharmacy education (CPE) credits. The American Council on Pharmaceutical Education (ACPE), as a provider of continuing pharmaceutical education, approves all CPE credits. Pharmacist CPE programs are developed IAW the ACPE's Criteria for Quality and Interpretive Guidelines.

d. Pharmacy in-services and training will be conducted on a regular basis by each MTF having a pharmacy service. For the most part, these will be conducted in the pharmacy, prior to the start of the MTF's business day. During in-services and other pharmacy training, pharmacy personnel will be available to answer telephone calls.

Chapter 8

Management of Information

8-1. Communication

a. The Chief, Pharmacy Service, at KACC, is a member of the following MEDDAC and KACC committees:

- (1) Pharmacy and Therapeutics Committee (MEDDAC).
- (2) Drug Utilization Evaluation Committee (KACC).
- (3) Performance Improvement and Utilization Management Committee (MEDDAC).
- (4) Medical Staff Functions Committee (MEDDAC).
- (5) Risk Management Committee (MEDDAC).
- (6) Clinical Staff Meeting (KACC).

b. CHCS is the institutional information management system, which matches the size and complexity of the MEDDAC's organization. All prescribed medications, all drugs dispensed or prescribed, all known allergies that patients have to their medications, and all adverse drug reactions that have been reported are documented in the electronic pharmacy patient profile or the patients' medical records.

8-2. Medical materiel order records

a. Records of pharmaceuticals received will be maintained in compliance with legal requirements, and the MTF's policy. A copy of each invoice for pharmaceuticals will be maintained in the pharmacy service for two years.

b. The Pharmacy will comply with the terms of prime vendor as contracted to Logistics Division. Exceptions to this arrangement are made for lack of availability or emergency situations in which a local source will be contacted.

c. Drugs loaned or borrowed from other MTFs' pharmacies will be recorded on a loan/borrow record maintained in the pharmacy service. The drugs will be returned as soon as possible

and the record completed. If, in an unusual situation, the exact same drug cannot be replaced, another drug of equal value may be substituted if both pharmacies agree and the records are accurate and complete. All loan/borrow items will be coordinated by the Chief, Pharmacy Service. At KACC, the Medical Company First Sergeant, or the administrative officer of the day if during non-duty hours, will coordinate with the duty driver to obtain loaned medication from another MTF. In the event of a disaster, the Chief, Pharmacy Service will contact local military and civilian MTFs to obtain necessary medications.

8-3. Prescribing provider signature cards

The pharmacy service will maintain a file of DD Forms 577, which will contain a DD Form 577 for each provider who is authorized to prescribe medications. Each DD Form 577 will contain the provider's typed name and grade, signature, SSN and DEA number. All such signature cards will be verified and approved by the Credentials Coordinator and the nursing executive body.

8-4. Poison control

The telephone number for the MEDDAC poison control center (1-800-222-1222) will be placed on every telephone in all MEDDAC MTFs where patient care occurs.

Chapter 9

Surveillance, Prevention, and Control of Infection by the Drug Utilization Evaluation (DUE) Committee

9-1. The DUE Committee

The DUE Committee is a MEDDAC-level committee.

9-2. The DUE process

a. The DUE process is the responsibility of the PTC. The DUE Committee is a process improvement effort with multidisciplinary members whose membership includes at least nursing, pharmacy and medical staff. Its main purpose is utilization management and outcome studies of the entire medication use process.

b. The DUE process consists of the following four components, which are known collectively by the acronym "ODAM":

- (1) O = Ordering/prescribing. (Mainly the prescribing provider's responsibility.)
- (2) D = Dispensing. (Mainly the pharmacist's responsibility.)
- (3) A = Administration. (Mainly a nursing responsibility.)
- (4) M = Monitoring (Provider, pharmacist, nursing and patient responsibility.)

c. The DUE process focuses on standards, and implement policies on the proper ordering, preparation, dispensing, administration and monitoring of medications.

d. The DUE Committee is responsible for formulary management teams and recommendations to the PTC.

Appendix A References

Section I Required Publications

AR 40-3

Medical Dental, and Veterinary Care. (Cited in paras 3-1d, g and h, 3-2c, f, h and i, and 6-6.)

AR 40-48

Nonphysician Health Care Providers. (Cited in para 3-1e.)

AR 40-61

Medical Logistics Policies and Procedures. (Cited in paras 3-1g, 3-2f and h, and 6-6.)

AR 40-68

Clinical Quality Management. (Cited in paras 3-1e and 3-2a.)

MEDDAC/DENTAC/VS Reg 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), Boards, Committees, Councils, Meetings, Support Groups, and Teams. (Cited in paras 4-3a and 4-5.)

MEDDAC Reg 40-20

Credentialing, Privileging, and Competency of Healthcare Practitioners. (Cited in para 1-4f.)

MEDDAC/DENTAC Reg 40-24

Code Blue. (Cited in para 3-2f.)

MEDDAC Reg 40-30

Sentinel Event Reporting. (Cited in para 4-2d.)

MEDDAC Reg 600-8-2

Competency Assessment. (Cited in para 7-2.)

Section II Related Publications

AR 1-100

Gifts and Donations

AR 40-2

Army Medical Treatment Facilities General Administration

AR 40-407

Nursing Records and Reports

AR 310-50

Authorized Abbreviations, Brevity Codes, and Acronyms

AR 611-201

Enlisted Career Management Fields and Military Occupational Specialty

Joint Commission on Accreditation of Health-care Organizations Accreditation Manual

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

DA Form 3161

Request for Issue or Turn-in

DA Form 3949

Controlled Substances Record

DA Form 4106

Quality Assurance/Risk Management Document

DD Form 577

Signature Card

DD Form 1289

DOD Prescription

DD Form 2081

New Drug Request

Appendix B**Steps for Preparation of Intravenous (IV) Admixtures****B-1. Preparation of the area**

- a. Choose an area that is free from traffic and other distractions.
- b. Clean, then disinfect the area with an MTF infection control-approved disinfectant.

B-2. Preparation of the solution

- a. *General preparation instructions.*
 - (1) Always prepare admixture solutions immediately before they are to be used.
 - (2) Once started, an admixture should be completed without interruption.
 - (3) Perform only one admixture procedure at a time.
 - (4) IV stability and compatibility information can be obtained from package inserts and reference books.
- b. *Specific preparation instructions.*
 - (1) Collect all necessary items and place them near the disinfected area.
 - (2) Scrub hands for at least 1 minute with an approved antiseptic solution.
 - (3) Wipe all glass ampules, tops of multiple dose vials, and rubber stoppers on IV bags with 70% isopropyl alcohol. (The physical act of swabbing (wiping) removes particles; the alcohol acts as a disinfecting agent.)
 - (4) Use a new filter needle (to screen out ampule glass particles) and a new syringe for the procedure. To maintain the sterility of the needle, handle it only by its protective plastic cover. Never recap a needle that has touched a patient.
 - (5) Avoid touching the plunger shaft and tip of the syringe.
 - (6) Prior to using a previously opened multiple dose vial, inspect it for obvious contamination and integrity of the rubber seal. (The maximum expiration date for an opened multiple dose vial is the manufacturer's expiration date.)
 - (7) After the admixture is prepared, shake the solution to ensure uniform mixing.
 - (8) Before administration, inspect the admixture for signs of drug incompatibility and foreign materials. Examine the admixture in front of both light and dark backgrounds while swirling the solution.
 - (9) Label each admixture with the following information: patient's name, date and time of preparation, administration rate and/or directions, initials of the preparer, and the name of the drug and its concentration.

Glossary

Section I

Abbreviations

ACPE

American Council on Pharmaceutical Education

ADR

adverse drug reaction

AED

automatic external defibrillator

AR

Army regulation

AVR

adverse vaccine reaction

C

centigrade

CAF

competency assessment file

CHCS

Composite Health Care System

CMS

Central Medical Service

CPE

continuing pharmacy education

DENTAC

U.S. Army Dental Activity, Fort George G. Meade

DCCS

Deputy Commander for Clinical Services

DCN

Deputy Commander for Nursing

DEA

Drug Enforcement Agency

DNI

drug-nutrient interaction

DoD

Department of Defense

DUE

drug utilization evaluation

F

Fahrenheit

FDA

Food and Drug Administration

GS

General Schedule

IAW

in accordance with

ICDB

Integrated Clinical Database

ID

identification

IV

intravenous

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

KACC

Kimbrough Ambulatory Care

Center

LPN

licensed practical nurse

MEDDAC

U. S. Army Medical Department Activity, Fort George G. Meade

MHS

Military Health System

MOS

military occupational specialty

MTF

medical treatment facility

NCOIC

noncommissioned officer in charge

NLT

not later than

OTC

over-the-counter

PTC

Pharmacy and Therapeutics Committee

RMB

Resource Management Branch

RN

registered nurse

SDS

Same Day Surgery

SOP

standing operating procedure

SSN
social security number

WRAMC
Walter Reed Army Medical
Center

System

VAERS
Vaccine Adverse Event Report

WRHCS
Walter Reed Health Care

Section II
Terms

This section contains no entries