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Hospital Pharmacy 1. The hospital is its organization and function. Hospital Pharmacy-Organization and Management (a) Organizational Structure-Staff, Infrastructure and Workload Statistics (b) Materials and Finance Management (c) Raleigh and Hospital Pharmacist 2 Responsibilities. Budget-preparation and implementation of the hospital's drug policy (a) Pharmacy and Therapeutic Committee (PTC) (b) Hospital Formula In) Hospitals Committees -Infectious Committee - Research and Ethics Committee (d) Develop Therapeutic Guidelines e) Hospital Pharmacy Communications Bulletin 3. Hospital Pharmacy Services (a) Procurement and storage of medicines and pharmaceuticals b) Inventory control determination, Various methods Inventory Control ABC, VED, EO, Lead Time, Safety Stock (c) Distribution of medicines in the hospital (i) Individual prescription method ii) Method of broth iii) Dose distribution method (d) Distribution of narcotic and other controlled substances e) Central sterile services Pharmaceuticals (a) Sterile compounds- Large and small bulk parenteral drugs (b) Production of ointments, liquids and creams (c) Production of tablets, pellets, capsules and powders d) Total Parenteral Nutrition 5. Continuation of Professional Development Programs Education and Training Radio Pharmaceuticals- Processing and Packaging Professional Relationships and Practices Hospital Pharmacist You read Free Preview Pages 6 to 9 are not shown in this preview. You read free preview pages from 13 to 21 do not appear in this preview. 1. PHARMACY AND PEPHYCA APOLLOYAMES, M. Pharma., (Ph.D.), Asst.Prof. Department of Pharmacy Practice 2. One of the methods or ways to ensure proper rationality in the use of medicines is that the hospital organizes and makes up, The Pharmacy and Therapeutic Committee. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 2 3. Definition: ● Pharmacy and Therapeutic Committee is the development and recommendation of the body to medical staff and hospital administration on issues related to the therapeutic use of drugs. ● This committee consists of doctors, pharmacists and other medical professionals selected with the inclusion of medical personnel. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 3 4. PTC goal: ● PTC has three main roles to play. This 1) Advisory 2) Education 3) Drug Safety and Adverse Drug Monitoring APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmaceutical Practices, Nandha College of Pharmacy, Erode, T.N, India. 4 5. Advice: ● Committee recommends adopting policies assists in the development of a broad professional policy on the evaluation, selection and therapeutic use of drugs in the ● Committee performs advisory capacity for medical staff and hospital management on all drug-related matters, including investigative drugs. ● He makes recommendations for medicines to be available in hospitals in the care area. ● committee advises the pharmacy on the implementation of effective procedures for the distribution and control of medicines. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 5 6. Education: ● Committee recommends or assists in developing functions designed to meet the needs of professional staff, like doctors, nurses, pharmacists and other practitioners, for full knowledge of the current drug issue and their use. ● committee assesses problems related to the distribution and administration of medicines, including medicines. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 6 7. The Committee develops and develops formulas for medicines and prescriptions for drugs taken for use in the hospital. The Committee should minimize the duplication of the same main drug, the safety and cost of the drugs. It establishes or plans suitable training programmes for the hospital's professional staff on drug-related issues. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 7 8. Drug safety and adverse monitoring ●: This function is entrusted to the PTC or should be a permanent vigilante scheme. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 8 9. PTC composition: ● PTC can vary from hospital to hospital. It may consist of: 1. At least three doctors from medical staff 2. Pharmacist 3. A representative of the medical person and 4. A hospital administrator with his or her appointed ex-officio committee member one of the doctors can be appointed chairman of the PTC. The pharmacist usually functions as a secretary and is therefore appointed secretary of the committee. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 9 10. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 10 11. Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Subcomis Diuretics CNS Drugs Hormones Thyroid ppns APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 11 12. Operation PTC: ● committee must meet regularly at least six times a year, as well as as necessary. ● Committee may invite its staff to or from the hospital who may contribute specialized or unique knowledge, skills and judgments. ● Agenda and additional materials should be prepared by the Registrar and presented to committee members in advance so that members could study them appropriately before the meeting. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 12 13. ● A typical agenda may consist of the following categories as a whole: 1) The protocol of the previous meeting. 2) Review the contents of the hospital formula in order to bring it at the right time and remove products that are not deemed necessary for use; 3) Information on new drugs that may have become commercially available. 4) A review of side effects, drug adverse reactions, toxic effects, drug interactions reported by various hospital units and reported to the DIC committee. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 13 14. 6) A review of the safety of medicines in the hospital. 7) Reports of various committee sub-committees. 8) Medical Audit Report. 9) Any other matter with the permission of the chair. 10) Vote for gratitude. Minutes of all meetings should be prepared by the secretary and constant reports of these minutes should be maintained in the hospital. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 14 15. PTC's role in drug safety ● safety includes responsibility from drug issuance to drug administration and then to observe possible adverse effects. PTC can play an important role in ensuring the safety of medicines ● the following guidelines can subdue the committee in accordance with an adequate safety factor at a hospital pharmacy. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 15 16. 1) Registered pharmacist - Chief Pharmacist-Diploma Owners 2) Do not allow non-pharmacist personnel 3) A sufficient number of qualified personnel 4) Adequate safe, Working Space, and Storage 5) There are equipment needed 6) Automatic stop order drugs, hypnotics, anti coagulants 7) Drug Research Policy Firm APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practices, Nandha College of Pharmacy, Erode, T.N, India. 21 22. 18) End Date: 19) Management Results: Restored APOLLOYAMS, M.Pharm., Asst.Professor, Department practice, Nandha College of Pharmacy, Nandha College of Pharmacy, Erode, T.N., India. 22 23. ● Each case of adverse drug reaction should be first reported to the attending physician to the chairman of the PTC or clinical pharmacology. ● The attending physician should fill out the Adverse Drug Reaction Report form, as shown above, on any patient having adverse reactions. ● Medical Room records will, once patients are discharged, remove this report from medical records and pass it on to the chairman, who in turn periodically shift important data to the Central Committee on Adverse Reactions, formed by the state government or drug control bodies of the state, the government and the drug watchdog or consult with expert bodies such as the Drug Technical Advisory Board. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 23 24. Automatic stop-orders for dangerous drugs: ● All orders for drugs, sedatives, hypnotic anticoagulants and antibiotics should be automatically discontinued after 48 hours, unless the order indicates the exact number of doses to be administered, or the attending physician re-orders the medicine. ● all orders for drugs, sedatives and hypnotics must be rewritten every 24 hours. ● In India, currently, this kind of ASODD issuance system is not practiced, except in hospitals like Christian Medical Hospital Vellore or Jaslok Hospital, Mumbai Escort Group, Mayo Hospital, etc. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practices, Nandha College Pharmacy, Coree, T.N, India. 24 25. The role of PTC in the development of Emergency Medicines Lists ● Since the time factor is of great relevance to the most true emergencies, it is absolutely necessary for PTC hospitals to prepare boxes containing emergency drugs that should always be readily available easily for use on beds. ● list of such medicines and other supplies must be met by the committee and must find its place in emergency kits. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 25 26. A) Deliveries to be maintained in the emergency box: i. Syringes of different range Two each of 1 ml, i.e. tuberculin or insulin syringe, 2 ml syringe and 5 ml syringe; and one in 10 ml and 20 ml syringe. ii. Needles, prefer two of 16', 18', 20', 21', 23', and 26', iii. Files for hacking ampoule iv. Tornikets vs. Airway Equipment vi. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 26 27. B) Drugs for Emergency Boxes: These selected in consultation with your doctor, but the following list is illustrative only i. Aminofillin 0.25 g/ml ii. Amilnitrite glass capsules for inhalation iii. Atropine

Medication Indication General Duration Route Title of Daily Trade and (Diagnosis) General Doses
 APOLLOYAMS, M.Pharm., Asst.Professor, Department practice, Nandha College of Pharmacy, Erode, T.N, India. 21 22. 18) End Date: 19) Management Results: Restored Still under Rx (2); Died (3); Lost to follow-up (4); ADR Suspects (5) 20) If ADR is suspected of filling PROFORMA-II No (1) Yes (2) APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practices, Nandha College of Pharmacy, Erode, T.N., India. 22 23. ● Each case of adverse drug reaction should be first reported to the attending physician to the chairman of the PTC or clinical pharmacology. ● The attending physician should fill out the Adverse Drug Reaction Report form, as shown above, on any patient having adverse reactions. ● Medical Room records will, once patients are discharged, remove this report from medical records and pass it on to the chairman, who in turn periodically shift important data to the Central Committee on Adverse Reactions, formed by the state government or drug control bodies of the state, the government and the drug watchdog or consult with expert bodies such as the Drug Technical Advisory Board. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 23 24. Automatic stop-orders for dangerous drugs: ● All orders for drugs, sedatives, hypnotic anticoagulants and antibiotics should be automatically discontinued after 48 hours, unless the order indicates the exact number of doses to be administered, or the attending physician re-orders the medicine. ● all orders for drugs, sedatives and hypnotics must be rewritten every 24 hours. ● In India, currently, this kind of ASODD issuance system is not practiced, except in hospitals like Christian Medical Hospital Vellore or Jaslok Hospital, Mumbai Escort Group, Mayo Hospital, etc. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practices, Nandha College Pharmacy, Coree, T.N, India. 24 25. The role of PTC in the development of Emergency Medicines Lists ● Since the time factor is of great relevance to the most true emergencies, it is absolutely necessary for PTC hospitals to prepare boxes containing emergency drugs that should always be readily available easily for use on beds. ● list of such medicines and other supplies must be met by the committee and must find its place in emergency kits. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 25 26. A) Deliveries to be maintained in the emergency box: i. Syringes of different range Two each of 1 ml, i.e. tuberculin or insulin syringe, 2 ml syringe and 5 ml syringe; and one in 10 ml and 20 ml syringe. ii. Needles, prefer two of 16', 18', 20', 21', 23', and 26', iii. Files for hacking ampoule iv. Tornikets vs. Airway Equipment vi. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 26 27. B) Drugs for Emergency Boxes: These selected in consultation with your doctor, but the following list is illustrative only i. Aminofillin 0.25 g/ml ii. Amilnitrite glass capsules for inhalation iii. Atropine

sulfate 0.4 mg/ml iv. Sodium benzoate caffeine 0.5 g/2 ml. v. Calcium gluconate 1 g/10 ml vi. Digoxin 0.25 mg/ml APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha Pharmaceutical College, Erode, T.N., India. 27 28. ☛ Of Diephenylhydratentoin sodium 50 mg/ml ☛ Epinephrine Hkle/1 mg/ml ☛ Heparin 10,000 units/ml ☛ Hydrocortisone 100 mg ☛ magnesium sulfate injection 10%, 50% ☛ Isopro Te 1:100 ☛ Mannitol injection 25% ☛ Nalorfin Hkl-10 mg/2ml ☛ Neostygmim methyl sulfate 0.25 mg/ml ☛ Noradrenalin Injection 0.2% APOLLO MEJA, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 28 29. ☛ pentobarbitone 50 mg/ml ☛ penzocin ☛ phenylephrine Hkl 10 mg/ml ☛ Feometazon ynj ☛ Picrotoxin Inge. 3 mg/ml ☛ Procainamide 100 mg/ml. ☛ Protmin sulfate 20 mg/ml ☛ salt for injection 09% 30ml ☛ sodium lakta solution ☛ Water for injections 20 ml APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha Aptic College, Erode, T.N, India. 29 30. C) Supplies for cabinet communal number i. Venous set of canulation . each set of 12-17 venous catheters iii. Pieces 6"shock blocks iv. Oxygen catheters v. sterile suction catheters vi. A razor with vii blades. Packing a sterile gelatinous sponge viii. Resuscitation tube. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 30 31. D) Other emergency items i. Resuscitation trolleys ii. Phlebotomia sets iii. Oxygen iv equipment. The tracheotomium installs V. Dextran and vi tubes. Burn sheets NB: Each hospital can change this list by adding or removing items as needed. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 31 32. The role of PTC in the drug defect reporting program: ☛ drugs purchased by the hospital may be defective in quality. The Committee should obtain information on defective medicines and inform the manufacturer first of all for appropriate action. ☛ If a satisfactory response is not received from the manufacturer or supplier, it must be reported to the Food and Drug Administration. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 32 33. Phone No --- ----- XY' HOSPITAL ----- Date ----- in HEALTH DEFECT REPORT Help No. ----- 1. Trade name-----Dosage Form----- Power----- 2. Lot No -----Size Date----- 3. Date purchased----- 4.Name from 5. Manufacturer's name and address----- 6.Reporting the name of the pharmacist----- 7. Defects are marked or suspected----- Date----- Signature Chairman PTC APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 33 34. The role of PTC in the review of drug use: ☛ drug use includes prescribing, issuing, administering and prescribing prescription drugs. The hospital pharmacist should take medication history, which should include the following information. ☛ 1) Medications are taken during the reception, during the reception, home remedies (OTC) drugs. ☛ 2) Medicinal Allergies and Idiots in relation to food, etc. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 34 35. XY' HOSPITAL PATIENT MEDICINE PROFILE Record No----- ☛ Patient Name----- Age----- Sex----- ☛ Address----- DOA----- ☛ Diagnosis of Admission----- ----- ☛ Other Pathologies----- ☛ Preliminary Surgical Medications Used----- Drug Prescription Date Route began discontinued Remarks APOLLOJAMES, M. Farm. 35 36. 1. To promote better prescribing practices by promoting safe and rational use of drugs. 2. Detect and help prevent drug interactions. 3. To detect and prevent adverse reactions of the drug. 4. Detect and prevent IV added incompatibility. 5. Identify drug-related diseases. 6. To identify possible drug-related diseases. 7. Help identify and potential toxicity of drugs. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 36 37. PTC is the backbone of the hospital pharmacy and its services, and therefore it must be properly organized. APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 37 38. Links: 1. HOSPITAL PHARMACY tutorial on quadri. 2. Hospital pharmacy textbook from Paradakhkar. 3. www.rx.wa.gov/pubmed.ptcmembers.html 4. www.ashp.org.com APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 38 39. THANK YOU APOLLOJAMES, M.Pharm., Asst.Professor, Department of Pharmacy Practice, Nandha College of Pharmacy, Erode, T.N, India. 39 39

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