

**PHARMACY SERVICES / MEDICATION USE**

STANDARD / ELEMENT	EXPLANATION	SCORING PROCEDURE	SCORE
<p><b>25.01.12 Informational Resources.</b>  <i>Information relating to drug interactions and information of drug therapy, side effects, toxicology, dosage, indications for use, and routes of administration must be available to the professional staff.</i></p> <p>§482.25(b)(8)</p>	<p>The pharmacy must be a resource for medication-related information to the hospital’s health-care practitioners and other health care personnel to optimize therapeutic outcomes and minimize adverse drug events. Information must be available concerning drug interactions and information of drug therapy, side effects, toxicology, dosage, indications for use, and routes of administration.</p> <p>The pharmacy may also assist other health care professionals with the following medication-related functions:</p> <ol style="list-style-type: none"> <li>1. Collection and organization of patient-specific information (height, weight, allergies);</li> <li>2. Identification of the presence of medication-therapy problems, both potential and actual, such as drug-drug interactions, excessive doses;</li> <li>3. Identification and specification of pharmacotherapeutic goals;</li> <li>4. Implementation of a monitoring plan in collaboration with the patient, if applicable, and other health-care professionals;</li> <li>5. Monitoring the effects of the pharmacotherapeutic regimen – could include adjusting doses based on lab values (i.e.: Coumadin dosing); or</li> <li>6. Redesigning the regimen and monitoring plan as</li> </ol>	<p style="text-align: center;"><b>INTERVIEW &amp; OBSERVATION</b></p> <ol style="list-style-type: none"> <li>1. Is drug information readily available to nurses and practitioners, whether in hard copy or electronic format?</li> <li>2. If drug information is built in to the hospital’s EHR system, ask the pharmacy director how the hospital ensures that the information is accurate and up-to-date.</li> <li>3. Ask practitioners whether needed reference information is available to them when prescribing drugs.</li> <li>4. Ask nursing staff whether needed reference information is available to them when administering drugs or biologicals and when monitoring patients for effects of medication therapies.</li> </ol>	<p><input type="checkbox"/> 1 = Compliant  <input type="checkbox"/> 2 = Not Compliant</p> <p><b>This standard is not met as evidenced by:</b></p>

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indicated.

For example, practitioners may write an order for “pharmacy to dose” an antibiotic. The pharmacist would then take patient-specific information, review the patient’s current medication therapies for any problems, and then calculate the dose required to meet therapeutic goals.

Increasingly, as hospitals move to computerized physician-order entry (CPOE) of medication orders, much of this consultation function (e.g.; dosage, path of administration, drug-drug interactions and other contraindications, etc.) is built in to the electronic health record (EHR) system.

- However, the pharmacy service remains responsible for the provision of accurate, up-to-date information to meet the needs of the hospital’s practitioners, nursing staff and patients.

The hospital must also have immediately available sufficient up-to-date reference material on drug therapy, whether in electronic or hard copy format.

A pharmacist also should be readily available by telephone or other means to respond to questions from practitioners and nursing personnel.