

**4P0X1 READINESS SKILLS
VERIFICATION LESSON PLAN
ADMINISTRATION**



**4P0X1 RSVP LESSON PLAN
PHARMACY ADMINISTRATION**

INTRODUCTION:

OVERVIEW:

1a. Identify facts and general principles related to pharmacy administrative procedures for contingency and deployment situations accurately. STS: 4.4.2, 7.4.1, 7.1, 9.2.1, 9.2.2

- 1) Accident reporting
- 2) Reference library
- 3) Forms and files
- 4) Pharmacy systems contingency operations

TRANSITION:

1a. Identify facts and general principles related to pharmacy administrative procedures for contingency and deployment situations accurately.

1) Accident reporting

- a) Despite all safety efforts, accidents can occur, especially in an environment of heightened tension. Report all accidents or incidents, no matter how minor, to your supervisor.
- b) Records of accidents/incidents can serve to point out trends, high hazard areas, and frequency and severity of incidents involving people and equipment
- c) Trends show where intervention is needed.
- d) Interventions should be used as an error eliminator/educational tool, not as a disciplinary tool.
- e) Accurate record keeping enhances the hazard avoidance principle and also indicates any need for safety training.

(1) Use AF Form 765, Medical Treatment Facility Incident Statement to report all fatalities, injuries requiring hospitalization, injuries involving three or more people, injuries resulting in lost time, or property damage. Use this form to report medication errors and situations that could result in an accident.

(2) Use AF Form 457, USAF Hazard Report to report all situations or conditions that could have a potential for personal injury, hazard to health, or damage to equipment or a building.

(a) Document this information, providing a detailed description of the situation or condition.

(b) This form is self-explanatory and should be completed as soon as possible.

- f) Accurate, detailed information is extremely important when reporting accidents, incidents, or hazards. Such information is required by the facility risk manager and becomes helpful in investigations of accident prevention measures.

TRANSITION:

2) Reference library

- a) Your role in supplying drug information to both medical personnel and patients does not change when deployed.

- b) Drug information services can be a challenge to the pharmacy during contingencies and deployments.
- c) Some pharmacies maintain a number of book references, while others have computers with CD-ROMs and can utilize drug information packages on CD.
- d) Whatever method you use, you should make preparations prior to contingency/deployment.

- i) Considerations

- (1) Mission
- (2) Computer access
- (3) Internet/LAN access

- e) Available references

- i) *CliniSphere*

- (1) An electronic library on CD-ROM that includes *Drug Facts and Comparisons*, *Drug Interaction Facts*, *The Review of Natural Products*, *American Drug Index*, *Nurses Drug Information*, *Patient Drug Information* in English and Spanish, and *DrugLink*.
- (2) It also includes audio pronunciations, color tablet/capsule images, and a manufacturers index. *CliniSphere* features several different types of searching by a wide range of variables, as well as searching across publications.

- ii) *Drug Facts and Comparisons*

- (1) The most up-to-date, comprehensive drug information available. Loose-leaf edition contains more than 22,000 prescription and almost 6,000 over-the-counter drugs, grouped by therapeutic category for ease of comparison. Orphan and investigational drugs are included.
- (2) It also contains thousands of charts and tables. *Drugs Facts and Comparisons* is available on *CliniSphere* CD-ROM and online.

- iii) *Drug Interaction Facts*

- (1) Loose-leaf edition provides drug-drug and drug-food interaction information in a quick reference format. *Drug Interaction Facts* covers more than 20,000 brand

and generic drugs and more than 70 therapeutic classes. Drug significance ratings are also included.

- (2) Updated quarterly, *Drug Interaction Facts* includes: Herbal Supplements and Food - which covers over 100 monographs and discusses the interactions' significance, onset, severity, documentation, and mechanism.
- (3) This reference is available on *CliniSphere* CD-ROM, online and as iFacts (a PDA program).

iv) *The Review of Natural Products*

- (1) This reference is a source of current natural product information for health care professionals. It contains over 300 in-depth, natural product monographs based on scientific research. Search by a variety of different variables such as scientific or common names; uses, side effects, or interactions; and botany, history, or chemistry.
- (2) *The Review of Natural Products* is available on *CliniSphere* CD-ROM and online.

v) *American Drug Index*

- (1) Contains more than 22,000 prescription and over-the-counter products, with cross-indexing of trade names, generics and drug classes. Entries also include manufacturer, pronunciation, active ingredients, dosage forms, strengths, packaging, and uses.
- (2) A comprehensive index includes a listing of drugs which should not be crushed or chewed, drug names that look alike or sound alike, storage requirements for USP drugs, trademark glossary, and normal laboratory values, along with several additional tables of hard-to-find, useful information. This reference is also available on *CliniSphere* CD-ROM.

vi) *Remington's: The Science and Practice of Pharmacy*

- (1) This publication is probably your most comprehensive reference available under a single cover. It is the most all-encompassing accumulation of pharmacy information. Subjects range from the evolution of pharmacy to pharmaceutical economics and management.
- (2) The alphabetic index is cross-referenced by trade, generic, and chemical names. Monographs include preparation, description, solubility, uses, doses, and dosage forms. Broad areas of information covered include chemistry, mathematics, and poison control.

vii) *Pharmaceutical Calculations*

- (1) A comprehensive text of the fundamental principles and basic techniques involved in applying pharmaceutical calculations in community, hospital and industrial settings.

viii) *Pharmacy Law Digest*

- (1) Updated annually, this reference provides a general overview of the legal system as it affects the practice of pharmacy. It addresses federal laws regulating controlled substances, constitutional considerations in dealing with governmental inspections, regulation of pharmaceuticals, civil liability, and business law.
- (2) The *Pharmacy Law Digest* also includes a condensed review of actual civil and criminal cases involving the practice of pharmacy.

ix) *Trissel's Handbook on Injectable Drugs*

- (1) Contains information related to intravenous admixture preparation, such as drug stability and product information of injectable products.
- f) These references are just a few examples of what is available. Again, when building your library, your selection of references should be based on your mission and facilities.

TRANSITION:

3) Forms and files

- a) Due to the sparse environment that may be encountered during contingencies/ deployments, you should be ready to prepare and maintain forms and files manually. Although computers can make this process much easier, there is no guarantee that you will have access to one. Because of this, it is important to understand the manual procedures for preparing forms and files.
 - i) Outpatient
 - (1) AF Form 781, Multiple Item Prescription or locally produced prescription form.
 - (a) Used by providers to order medications for patients.
 - (b) Noncontrolled drug prescriptions must be filed separately from Schedule prescriptions.

- (c) Schedule III-V prescriptions must be filed separately from Schedule II prescriptions.
- (d) For ease of retrieval, file prescriptions in numerical order. A missing number indicates a missing prescription and action should be taken to locate it.
- (e) All written prescriptions that are dispensed must be maintained on file for three years.

(2) DD Form 1150, Request for Issue or Turn-In

- (a) Used by wards and clinics to order bulk stock items. Locally designed forms can be used instead of the DD Form 1150.
- b) As earlier stated with prescriptions, bulk orders should be filed in numerical order and if an order is missing, action should be taken to locate it.
- c) Noncontrolled bulk orders must be filed separately from Schedule bulk orders.
- d) Schedule III-V bulk orders must be filed separately from Schedule II bulk orders
- e) All written prescriptions that are dispensed must be maintained on file for three years.

(1) Bulk orders for noncontrolled drugs are destroyed after one year. Bulk orders for controlled drugs are destroyed after three years.

ii) Inpatient

(1) AF Form 3066-1, Doctor's Orders

- (a) Used by doctor's to order nursing care and drug therapy for patients admitted to the medical treatment facility (MTF).
- (b) When the prescriber writes a medication order, a copy of the original is simultaneously created because of the multi-copy form. The copy is sent to/or picked up by pharmacy personnel for review and filling.
- (c) Refer to the Pharmacy Journeyman Enhancement CD to view an example of this form.

(2) AF Form 3069, Medication Administration Record

- (a) Maintained by the unit to record AF Form 3066-1, Doctor's Orders for each patient, as well as doses administered.

- (b) May also be used by pharmacy in place of a computer generated unit dose cart list.

iii) Controlled drug documentation

- (1) Deployment does not relax the security measures that need to be taken for controlled substances. Missing controlled substances WILL get you in serious trouble. Make sure there are effective procedures in place to track controlled substances issued and dispensed from the pharmacy. Also, make sure that the nursing staff is familiar with these procedures. Do not put yourself at risk!
- (2) Your particular situation will determine the method that you use for tracking controlled substances. The following is a list of forms and their role in assisting you in this function.

(a) Standard Form (SF) 700, Security Container Information

- (i) This form should be affixed to the security container or safe storing controlled drugs.
- (ii) The names of all people authorized access to the container or safe should be annotated on this form.
- (iii) If a combination lock is used, its combination should be changed at least annually or each time an individual authorized access departs or no longer requires access. The date the combination was last changed should be recorded in the appropriate block on SF 700.

(b) SF Form 701, Activity Security Checklist

- (i) Checklist used to document security inspections of the pharmacy prior to closing.
- (ii) Checklist is not needed if the pharmacy is open 24 hours a day/7 days a week.
- (iii) Items on this form can vary depending on the set up and needs of the facility.

(c) SF form 702, Security Container Check Sheet

- (i) Used to annotate all openings and closings of the security container or vault.

(ii) Records date, time, and initials of the individual that opened or closed the security container or vault.

(iii) This form may be affixed to the security container or vault for easy access.

(d) AF Form 582, Pharmacy Stock Record

(i) This form is used to annotate all pharmacy receipts and issues of Schedule drugs or any other substance designated by the MTF commander.

(ii) A separate AF Form 582 must be prepared for each item.

(iii) Contains balance of each item on hand.

(iv) Correct errors by drawing a single line through incorrect entry with a brief explanation.

(v) Monthly inventories are documented on the AF Form 582 with a statement such as "Inventoried and found correct", the date and signature of the inventorying official.

(vi) Retain AF Form 582 for three years after the final entry.

(e) AF Form 579, Controlled Substance Register

(i) Maintained on wards and clinics for all drugs administered within the MTF.

(ii) This form is a controlled document. It must be serially numbered, and tracked by pharmacy personnel. These numbers must be recorded on a log, such as AF Form 115a, Register of Controlled Substances.

(iii) Records the balance of each controlled substance on hand.

(iv) Quantity is subtracted from the balance each time a medication is given and added each time medication is received from the pharmacy.

(v) When this form is filled, a new form is issued with the balance of the previous form brought forward.

(vi) Inventories are documented on this form following the same procedure used for the AF Form 582.

(vii) Forms must be returned to the pharmacy at the beginning of each calendar year.

1. The controlled substance inventory monitor will verify the recount and initial next to the recount quantity posted on the AF Form 582 .
2. If the count still disagrees, the controlled substance inventory monitor will review the supporting documents and transactions back to the last inventory for accuracy.
3. If a paperwork or posting error is found, the controlled substance inventory monitor will annotate a correction transaction on AF Form 582.
4. If the initial investigation does not identify the cause of the discrepancy and the discrepancy does not meet the requirements for a mandatory Report of Survey, the controlled substance inventory monitor will submit an AF Form 85, Inventory Adjustment Voucher, to adjust the Pharmacy Stock Record.

TRANSITION:

4) Pharmacy systems contingency operations

a) There is not a standardized system for performing dispensing functions for contingencies/deployments. You may encounter various computer systems throughout the different sites and areas of responsibility or you may be equipped only with a typewriter. Since it may have been a while (if ever) since you typed a label manually, this lesson will cover the procedures.

b) Numbering system

i) First you must have a numbering system for all prescriptions and issues processed.

(1) Develop a separate numbering system for legend prescriptions, Schedule III, IV, V prescriptions, and Schedule II prescriptions.

Example: Legend	10000, 10001, 10002, 10003
C II	20000, 20001, 20002, 20003
C III, IV, IV	30000, 30001, 30002, 30003

ii) Upon receipt of prescription, stamp (if number stamp is available) or write the appropriate number on the prescription. Gather required information from the patient, and then proceed with typing the label.

c) Label

- i) Type label neatly
- ii) Take special care to ensure that you include all required information on the label.
 - (1) MTF address and phone number
 - (2) Prescription number
 - (3) Patient's name
 - (4) Date of filling
 - (5) Medication name, strength, and amount
 - (6) Medication quantity dispensed
 - (7) Directions to the patient
 - (8) Prescriber's name
 - (9) Typist's initials
 - (10) Number of refills if authorized
 - (11) "KEEP OUT OF REACH OF CHILDREN"
- iii) Always be alert to provide additional information on the label to assist the patient in using or storing the prescription correctly. Label short potency date items with expiration date and explain to the patient upon dispensing.
 - (a) Affix auxiliary labels to containers as required. If auxiliary labels are not available, you may type this information on the label. Remember to bring this information to the patient's attention.
 - (b) The label should be clean and free of errors. Remember, the label is a reflection upon the pharmacy and you.

TRANSITION:

SUMMARY:

1a. Identify facts and general principles related to pharmacy administrative procedures for contingency and deployment situations accurately. STS: 4.4.2, 7.4.1, 7.1, 9.2.1, 9.2.2

- 1) Accident reporting
- 2) Reference library
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CONCLUSION:

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