RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

POLICY AND PROCEDURE MANUAL		CODE:	1.48.0
PHARMACY SERVICES		DATE:	3/22/16
		REVISED:	4/19/22
SECTION:	DEPARTMENT OF PHARMACY	APPROVED:	Thinh Tran, Pharm. D
		MEC APPROVED:	4/27/16
SUBJECT:	APPROVED ORDER CHANGES BY PHARMACISTS	Page 1 of 2	

PURPOSE:

Provide guidance on approved order changes by pharmacists.

PROCEDURE:

1) Dose Rounding
    a. General Dose Rounding Guideline
        i. A prescriber must specify on the order if the dose of a drug that is typically eligible for dose rounding is not to be rounded for the specific patient, with instructions that the medication is to be dispensed as ordered.
        ii. Investigational agents, pediatrics, warfarin, and chemotherapy are not eligible for dose rounding.
        iii. Rounding Method: Pharmacists may round doses of medications for the purpose of dispensing an original manufacturer's dosage size or a standard extemporaneously packaged dose as appropriate. Dose rounding will not exceed 10% +/- of the prescribed dose. If clinical ambiguity warrants clarification, the pharmacist must contact the prescriber.
2) Therapy Dose Rounding
    a. **Enoxaparin will be rounded to the closest ten (10) milligram dose** with dose rounding assessed on an individualized case-by-case basis using the pharmacist's clinical judgment.
    b. Unfractionated heparin bolus doses will be rounded to the closest 500 units and Heparin infusion rates will be rounded to the closest 50 units.
    c. Vancomycin order will be rounded to the nearest 250 mg, Gentamicin to the nearest 10mg.

3) Change Route of Administration
        i. Pharmacists will change the order to the appropriate oral dosage form to correspond with the change in route, such as switching between oral and feeding tube. Immediate release capsules and tablets may be changed to liquid formulations whenever appropriate and vice versa.

4) Change Timing of Administration
    a. The pharmacist may change the time of administration to more regular intervals or a more appropriate time
        i. of day (e.g. tid to q8h, one time warfarin to 1800, TPN to standard time, administration time change in response to drug availability, etc).
    b. The pharmacist may order a "first dose now" for new antimicrobial orders and change the administration time to RLANRC standard administration times. The pharmacist will adjust the administration times, to standard times, accordingly by using the RLANRC Timing Wheel (attached). If the prescriber prefers to not have the standard administration time, the prescriber must specifically write “do not change administration time”.

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Reviewed: 11/14/2018bdk, 4/19/2022 TT

Approved By: 

5) Telephone Orders

a. Telephone Order Clarification: the pharmacist will contact the prescriber to recommend changes to the order. It is the prescriber's responsibiiity to change the order in the electronic health record. If it is impossible or impractical for the ordering provider to enter the order into the computer without delaying treatment, the prescriber may authorize the pharmacist to modify the order in the electronic health record. The pharmacist will follow the write back/read back procedure. The order must be cosigned by the prescriber within 48 hours as per hospital's policy.

b. **Voicemails and text messages are unacceptable as telephone orders.**

6) Duplicate Orders

a. Discontinue previous duplicated medication with the same drug.
b. Discontinue previous duplicated IV fluid order when the new IV fluid order is placed.
c. Discontinue previous injectable anticoagulation order when new anticoagulant from another class is ordered (bridging therapy excluded),
d. RPh must **discontinue all medications from PACU order set** after the patient is transferred back to nursing unit from OR/Anesthesia recovery.