



RANCHO LOS AMIGOS

NATIONAL REHABILITATION CENTER

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

CODE: 1.37.0
DATE: 12/20/84
REVISED: 4/19/22

SECTION: DEPARTMENT OF PHARMACY

APPROVED: Thinh Tran, Pharm. D

SUBJECT: UNIT/CLINIC INSPECTIONS

PAGES: 1 of 2

POLICY

- * The Director of the pharmaceutical department, or his qualified designee, namely a pharmacist, must conduct inspections at no less frequently than every 30 days of all nursing care units or other areas of the hospital where medications are dispensed, administered, or stored.

PROCEDURE

Pharmacy inspections will be made by nursing and pharmacy personnel at no less frequently than every 30 days of all areas where medications are stored. The main reason for making these rounds is for the safety and welfare of the patients by ensuring that medications are administered, stored, and labeled properly, and are in date. There are also many other areas requiring periodic surveillance and some of these are listed on the Report of Pharmacy Inspection, which is completed at the time of the inspection and signed by the pharmacist and nurse.

In addition to patients safety and welfare, however, is the added benefit of communication and report between nursing and pharmacy. This is most important, because to be effective, these rounds have to provide information that enables each division to operate at its maximum potential. The intent then is to create and maintain optimum cooperation, with neither division operating at the expense of the other and providing the best patient care possible commensurate with personnel, physical layout, equipment, etc. Under these conditions, problem-solving is improved and new regulations and policies can be explained and implemented, suggestions made, etc.

See Report Form:

Distribution of Reports:

1. One (1) copy to area personnel.
2. One (1) copy to Area Director.
3. Original to Pharmacy Files (files to be maintained to document reviews).

Date and time of rounds: are varied, depending on workload in either division.

As part of the ongoing pharmacy Quality Assurance Program, the pharmacy supervisor (or designee) will primarily be responsible for pharmacy inspections for areas their unit services. The involvement of only a few individuals, 1) allows for proper follow-up of identified concerns or potential problems from previous inspections, 2) provides a direct line of communication between the unit inspected and the pharmacy service, and 3) ensures that unit inspections are handled uniformly throughout the hospital.

- * Adherence to proper storage in the pharmacy units will be conducted (and kept on file) by the Pharmacy Director or

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Approved By: *Ben Arndt*



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designee (supervisor) as part of the overall monthly Quality and Appropriateness reviews.

1. Look for patient's own medications. These must be sent to pharmacy for disposition according to Policy.
2. Check medications for proper labeling.
3. Ensure that crash carts are sealed and in date.
4. Test agents, germicides, disinfectants and other household substances shall be stored separately from drugs.
5. Narcotics are locked and inventory taken. Doses of narcotics administered are recorded appropriately.
6. Antiseptics, disinfectants, and external use drugs are stored separately from internal and injectable medications.
7. Check refrigerator temperature daily: 36 ° F to 46 ° F (2.2 ° C to 7.7 ° C). Check room temperature. Must be 59 ° F to 86 ° F (15 ° C to 30 ° C) or in adherence to the manufacturer's storage condition.
8. Drugs are stored properly, not crowded on shelves, drawers, and cabinets. Medications requiring refrigeration are stored in a refrigerator capable of maintaining a proper temperature. Light sensitive medications are kept away from exposure to light.
9. Drug room must be locked with keys in possession of registered nurses.
10. Drugs are to be pulled off shelves and returned to pharmacy if out-dated, discolored, contaminated or at all deteriorated.
11. Any drug that will expire prior to its expiration date. This information being communicated to nurse receiving the inspection report. The Nurse will reorder drug to replace the medication, if needed.
12. Ensure that medication storage is under proper conditions of sanitation, temperature, light, moisture, ventilation segregation, and security.
13. All drugs are stored in accordance with current established standards (U.S. Pharmacopeia). Drugs not listed in the official compendia are stored so their integrity, stability, and effectiveness are maintained.
14. Observe and evaluate medication administration
 - a. Nurses wash hands between patient.
 - b. Nurses do not leave their medication cart unattended (e.g. leave patient's room with the cart unattended).
 - c. Nurses ensure that patient swallows each oral medication.
 - d. Nurses chart administration of each medication immediately.