LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: PHARMACIST AUTHORITIES IN COMPUTERIZED PROVIDER ORDER ENTRY **POLICY NO.** 325G

CATEGORY: Provision of Care	**EFFECTIVE DATE:** 11/14
POLICY CONTACT: Julianne Joo, PharmD	**UPDATE/REVISION DATE:** 2/23
REVIEWED BY COMMITTEE(S): Pharmacy and Therapeutics, Medical Executive	

PURPOSE:
To describe the pharmacist's authority with respect to ordering medications in Computerized Prescriber Order Entry (CPOE).

POLICY:
At Harbor-UCLA Medical Center, pharmacists may modify physician orders in CPOE and order laboratory tests in accordance with the guidelines described in this policy.

DEFINITIONS:
Antineoplastic: Pharmaceutical agents with anti-cancer therapeutic effects (e.g., cytotoxic chemotherapy).

Biologic Therapy: Pharmaceutical agents derived from biologic sources or agents that affect biologic responses (e.g., monoclonal antibodies, cytokines, conjugated antibodies, cellular therapies).

PROCEDURE:
A. Pharmacists may modify physician orders in CPOE to:
   1. Round medication dose (See Dose Rounding Protocol in Appendix A).
   2. Change dosage form (See Dosage Form Modification in Appendix B).
      - Provider must specify "Do NOT Round, Do NOT Substitute or Do NOT Change Dosage Form" in the Order Comment section if rounded dose or other dosage form is not desired.
      - For dose rounding and changing of dosage form, pharmacist will void or discontinue original order and re-enter new order with updated (rounded) dosage or dosage form. "No Cosign Required (Per Protocol)" communication type will be selected when entering new order.
   3. Change administration time
      - Pharmacist may change the time of administration to standard intervals or a more appropriate time of day.

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APPROVED BY:

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For example:
- Change a "TID" order to "every 8 hours"
- Warfarin doses are to be entered at the standardized time of 1800
- TPN orders are to be entered at a standardized time of 2100
- Dosing may be rescheduled in response to drug availability or drug-drug/food interactions

B. Pharmacist may order a "first dose now" for new antimicrobial orders and change the administration to a more appropriate time.

C. Pharmacy Protocols:
   1. Pharmacists may modify drug doses and frequencies in accordance with Pharmacy & Therapeutics approved pharmacy protocols and document intervention.
   2. Pharmacists are permitted to order laboratory tests pertinent to the management of pharmacotherapy per protocol or in consultation with providers.

D. Verbal and Telephone Orders:
   1. Refer to Hospital Policy 322A for Verbal Orders.
   2. Refer to Hospital Policy 322B for Telephone Orders.
   3. Verbal and telephone orders should only be used to meet the care needs of the patient when it is impossible or impractical for the ordering provider to write the order or enter it into a computer without delaying treatment.
      a. Verbal orders and Telephone Orders are not to be used for the convenience of the ordering provider.
      b. Voicemail and text messages are never to be used for verbal or telephone orders.
   4. Order Clarification:
      a. When a medication order requires clarification, the pharmacist will contact the prescriber to recommend changes to the order. It is the prescriber's responsibility to change the order in the electronic health record.
      b. 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.
         1) Pharmacist will complete the order and submit.
         2) The order must be cosigned by the prescriber as soon as possible and within 48 hours.

REFERENCES:
DHS Policies:
1. Pharmacist Authorities in Computerized Provider Order Entry (CPOE)
2. Oncology Dose Rounding Policy for Antineoplastic and Biologic Agents

Reviewed and approved by:
Medical Executive Committee 2/2023

Beverley A. Petrie

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Appendix A: Dose Rounding Protocol

A. General Dose Rounding
   1. A prescriber must specify on the order if the dose of a drug that is eligible for dose rounding is not to be rounded for the specific patient, with instructions that the medication is to be dispensed as ordered.
   2. The following medication orders are not eligible for general dose rounding:
      a. Investigational agents
      b. Pediatric medication orders
      c. Warfarin orders
   3. Rounding Method:
      a. 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.
      b. If clinical ambiguity warrants clarification, the pharmacist must contact the prescriber.

B. Anticoagulant Therapy Dose Rounding
   1. Enoxaparin will be rounded to the closest calibrated syringe size (see table below).
   2. Dose rounding will be assessed on an individualized case-by-case basis using the pharmacist's clinical judgment.
   3. Factors to be considered by the pharmacist include:
      a. Patient's age
      b. Patient's weight
      c. Renal and/or hepatic function
      d. Indication for therapy

Rounding Enoxaparin Dosage

Weight (kg)	How to round 1mg/kg/dose	Syringe size
< 100	Round to the nearest 10mg dose	60mg, 80mg, or 100mg
100-109	Administer 100mg	100mg
110-127	Administer 120mg	120mg
128-142	Administer 135mg	150mg
143-157	Administer 150mg	150mg
> 157	Round as appropriate with 2 syringes	2 syringes

   4. Unfractionated intravenous heparin:
      a. Heparin bolus doses will be rounded to the closest 500 unit. For example:
         - 8450 units will be rounded up to 8500 units
         - 8149 units will be rounded down to 8000 units
      b. Heparin infusion rates will be rounded to the closest 50 units. For example:
         - 1026 units per hour will be rounded up to 1050 units per hour
         - 1024 units per hour will be rounded down to 1000 units per hour
         - 1025 units per hour may be rounded up to 1050 or down to 1000 units

C. Antineoplastic and Biologic Agent Dose Rounding
   1. Pharmacist shall round appropriate intravenous, subcutaneous, oral antineoplastic, or biologic therapy doses to the nearest commercially available product.
   2. The maximum allowable variation permitted without the provider's approval is:
      a. 5% for intravenous, subcutaneous, and oral antineoplastic agents
      b. 10% for biologic agents
   3. Providers may opt out of the dose-rounding policy by indicating "DOSE NOT TO BE ROUNDED" on each individual order.
   4. Doses for intrathecal administration will NOT be rounded.
   5. Medications with fixed dose regimens will NOT be rounded.
   6. Any antineoplastic agents or monoclonal antibodies provided by sponsor as part of a clinical trial or investigational protocol will NOT be rounded.

Appendix B: Dosage Form Modification Protocol

Change of Dosage Form

A. Switching Between Oral and Feeding Tube:
   Pharmacists will modify the order to the appropriate oral dosage form to correspond with the change in route.
   1. Immediate release capsules and tablets may be changed to liquid formulations whenever appropriate.
   2. Liquid formulations may be changed to immediate-release tablets or capsules whenever appropriate.