

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 1615

VERSION: 2

SUBJECT/TITLE: PEDIATRICS & NEONATAL PHARMACY SERVICE

POLICY: The Pharmacy Department will address the age-specific needs of our pediatric and neonatal patient population by providing them with specialized pharmacy services.

PURPOSE: To deliver quality pharmaceutical care to our pediatric and neonatal patients and to prescribe the scope, organization, and the staffing of pediatrics and NICU pharmacy service.

DEPARTMENTS: All

OVERVIEW:

- A. Scope of Pharmacy Services
 - 1. Pharmacy services to NICU and pediatric units include distributive as well as direct patient care.

- B. Distributive services
 - 1. Unit-dose oral medication distribution services.
 - 2. Intravenous admixture services.
 - 3. Neonatal and pediatric parenteral nutrition services.
 - 4. Development of dispensing operational procedures.
 - 5. Extemporaneous compounding of drugs.
 - 6. Floor stock distributive services.

- C. Patient care services include:
 - 1. Rounding with the multi-disciplinary team.
 - 2. Assessing pharmacotherapeutic needs of each patient.
 - 3. Monitoring therapeutic outcome of NICU and pediatric patients.
 - 4. Providing drug information for the medical and nursing staff.

PROCEDURE:

- A. **Overview of Pediatric & NICU Pharmacy Service.**
 - 1. A pharmacist, supported by pharmacy technicians, will staff this service.
 - 2. Daily operational hours are from 0800 to 1630. Other inpatient pharmacists provide coverage for the Pediatric/ NICU pharmacy service after 1630.
 - 3. Pharmacists will complete the following ASHP (American Society of Health System Pharmacists) pharmaceutical care competencies:
 - a. Neonatal and Infant Patients

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b. Pediatric and Adolescent Patients

B. Pediatric and NICU Patient Medication Profile. (Procedure begins at this point otherwise the document is difficult for new employees to follow).

1. Each pediatric and NICU patient shall have a computerized patient medication profile (See policy 1367 for required patient information)
2. In addition to computerized patient medication profile, a supplemental manual profile may be developed to accommodate the following information:
 - c. Pharmacy-specific progress notes
 - d. Pharmacist monitoring, calculations and recommendations
 - e. Pharmacist consults
 - f. Other relevant pharmacotherapeutic information

C. Unit-Dose Distribution Service.

1. The pharmacist reviews all providers' orders for dosing accuracy, drug allergy, and other drug-related parameters prior to dispensing. The pharmacist will contact the provider for any medication order that requires clarification.
2. The pharmacist will review medication orders on a weight –based, milligram per kilogram dose to ensure dosing is within the normal therapeutic range appropriate to the drug.
3. Each patient will have a properly labeled, patient-specific medication bin that contains a 24-hour supply of medications not supplied by the Pyxis MedStation®. Pharmacy will deliver patient specific medications every morning.
4. All oral medications are dispensed in designated oral syringes that are in ready-to-administer forms. Injectable type syringes are never used to dispense oral liquids.
5. All unit-dose medications are appropriately labeled to satisfy the legal requirements and to facilitate administering the correct dose by the nursing staff.
6. More detailed information on unit-dose distribution system shall be found in the NICU & Pediatric Pharmacy Services Operations Manual.

D. Intravenous Admixture Pharmacy Service.

1. Pharmacy-based intravenous admixture services are provided to our NICU patients.
2. The pharmacist reviews all providers' orders for dosing accuracy, drug allergy, and other drug-related parameters prior to dispensing. The pharmacist will contact the provider for any medication order

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that requires clarification.

3. The pharmacist will review medication orders on a weight –based, milligram per kilogram dose to ensure dosing is within the normal therapeutic range appropriate to the drug.
4. Unlike conventional practice, our hospital policy requires that all IV drips be written daily on TPN order forms.
5. All intravenous doses shall be appropriately labeled as specified in operational policies.
6. Detailed procedures on reconstituting and calculating the right dose are available in the Guidelines of Reconstitution of IV Antibiotics and Medications in the NICU/Pediatric operational policies.
7. Detailed information on the dispensing procedures of intravenous admixture solutions is available in the NICU/Pediatric Pharmacy Services Operations Manual.
8. A clinical pharmacist shall update the Operations Manual as more information becomes available or new drugs are used in the unit.

E. Total Parenteral Nutrition Service.

1. All TPN orders must be written on the Neonatal/Pediatric Total Parenteral Nutrition Order Form. Central Admixture Pharmacy Services (CAPS), a contract service, prepares all parenteral nutrition solutions.
2. Neonatal TPN orders are written daily and must be received in the pharmacy by 1100. A courier service will deliver the total parenteral solutions to the pharmacy.
3. Ingredients included in the neonatal/pediatric TPN form are reviewed by the pharmacist, and calculations are double-checked by a second pharmacist. Both pharmacists must initial the form and the CAPS label print-out as documentation.
4. Central Admixture Pharmacy Services (CAPS) is in full compliance with USP 797 standards. As part of their quality assurance, CAPS performs the Flame Test for sodium and potassium content and utilizes a refractometer to assess the dextrose content.
5. Neonatal TPN stock solutions are available in the pharmacy to address any order changes.

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References:	
Approved by: VEC	Date: 11/09/2016
Review Date: 11/09/2019	Revision Date:
Distribution: Olive View Hospital-Wide Policies	
Original Date: 11/09/2016	