Name of Policy:	**Pharmacist Charting**
Policy Number:	3364-133-123
Department:	Pharmacy
Approving Officer:	Senior Hospital Administrator
Responsible Agent:	Director of Pharmacy
Scope:	University of Toledo Medical Center

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 6/1/2023
Initial Effective Date: 5/1/2017

_____ New policy proposal
_____ Major revision of existing policy
_X_ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement:
The Pharmacy and Therapeutics Committee and Medical Executive Committee approve pharmacists documenting in the official patient medical record.

(B) Purpose:
Provide consistent documentation and clear communication to the entire medical team in the patient's record by pharmacists.

(C) Procedure:

1. Order Writing
    a. All UTMC pharmacists may enter or write verbal, telephone, consulted orders, and per protocol orders with a physician co-signature.
    b. Pharmacists who have been credentialed and maintained through the OPPE process may enter orders covered through their privileges.
2. Progress Notes
    a. The pharmacist will write a progress note in the following situations. The list is to provide guidance, but, due to the complexities of patient care, is not absolute or all inclusive.
        i. Official Consults, Initially and with each dose change or pharmacist-ordered lab result
            1. Antibiotic Dosing Consults
            2. Anticoagulation Dosing Consults

        ii. Interventions
            1. Whenever the pharmacist verbally suggests a significant change in the medication regimen with the team, it is generally recommended to add a progress note.
                a. Examples: Recommending a change in antimicrobial therapy based on data beyond cultures, recommending a change in anti-epileptic therapy, etc.
                b. Exceptions: The medical team provides additional information on why the suggested change is inappropriate. If it improves the communication of care, the pharmacist may need to document the evaluation and the additional information so an inappropriate change is not made later.

2. Admission medication reconciliations
    a. Pharmacists should document the completion and results of completing a medication reconciliation including pending or unresolved issues

3. Discharge medication reconciliations
4. Risk Evaluation and Mitigation Strategies (REMS)
5. Specialty medication coordination
6. Anytime a physician order is not being processed within a reasonable amount of time
    a. Examples: waiting on patient to bring in home medication, medication on order, etc.
7. Non-privileged written recommendations will be maintained as a permanent record. Examples include (but are not limited to): Renal dosing, IV- to-PO dosing of medications not covered through policies 3364-133-100, 3364-133-84 and 043-IPP, and all recommendations by non-credentialed pharmacists.
8. All U-500 insulin clarifications need to be documented.

iii. Disease State Specific:
1. Regulatory agencies require routine pharmacist evaluations of patients with complex disease states (i.e. post-op transplant recipients and donors) and this will be documented in the progress note section of the medical record.

iv. Researched Overrides:
1. If the pharmacist obtains additional clarification related to allergies or drug interactions beyond the physician's initial response in the EMR, the pharmacist shall document this new information.
2. If the pharmacist researches a recommendation and believes that the rejection of this recommendation is a concern for patient safety, the researched recommendation should be included in the medical record, despite being rejected.

b. Examples of when not to enter a progress note unless circumstances indicate doing so will improve coordination of care
    i. Phone clarifications of simple orders immediately resolved with no impact on patient care
    ii. Any time the changing of an order is documented with the comments 'Per Pharmacist II Privilege' or 'Per Policy'
        1. IV-to-enteral therapy
        2. Renal dose adjustments
        3. PPI discontinuation
        4. Lab orders
        5. Therapy duplications
    iii. Falls assessment
    iv. Narcotic management/ OARRS analysis

3. Charting of education: Pharmacists or licensed interns under a pharmacist's supervision will document education performed in the medical record:
    a. Disease states requiring documentation include congestive heart failure and any disease state requiring therapeutic anticoagulation. Other education services include diabetes.
    b. Education needs to be performed within 48 hours of consultation.
    c. Documentation of education occurs in Epic education documentation.

4. Outpatient Clinics/Ambulatory Pharmacists: Pharmacists or licensed interns under a pharmacist's supervision or pharmacy technicians under a pharmacist's supervision will document the following in Epic:
    a. All interventions, physician and patient communications, and insurance communications
    b. Pill-box packaging, smoking cessation, disease state education, injection training, and other outpatient services are to be documented in Athena as a patient case
    c. Pharmacy-created notes may be sent to the patient's provider to update the provider or to facilitate electronic communication with the provider or office staff
    d. Pharmacy notes may be forwarded to providers in the event that a patient calls with a request that requires physician input
    e. Pharmacy-created notes are closed when a patient's case is completed
5. Medication Reconciliation in Athena
    a. When changes are made to a patient's medications, including new regimens, dosing adjustments, discontinued medications, or changes in dosage form, pharmacists will update medications lists pursuant to a consult agreement within the pharmacist's practicing clinic.

Approved by: /s/ 05/23/2023 Lindsey Eitniear, PharmD, BCPS, AAHIVP Date Director of Pharmacy /s/ 05/24/2023 Russell Smith, Pharm D, MBA, BCPS, CPEL Date Senior Hospital Administrator *Review/Revision Completed By:* *Pharmacy*	**Review/Revision Date:** 9/1/17 5/2020 6/2023 **Next Review Date:** 6/2026
Policies Superseded by This Policy:	