


Name of Policy: <u>Labeling Medications for Home Use by the Inpatient Pharmacy</u> Policy Number: 3364-133-91 Department: Pharmacy Approving Officer: Chief Pharmacy Officer Responsible Agent: Director of Pharmacy Scope: University of Toledo Medical Center	 <p>Effective Date: 5/24/2021 Initial Effective Date: 8/1/2012</p>				
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> New policy proposal</td> <td style="border: none;"><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Major revision of existing policy</td> <td style="border: none;"><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

The pharmacy will relabel multidose medications used during an emergency room or inpatient encounter at UTMC prior to the patient receiving the medication to take home.

(B) Purpose of Policy

Medications will be labeled to comply with state and federal regulations when a medication is furnished by the provider or dispensed by the inpatient pharmacy.

(C) Procedure

1. The medication must have been dispensed pursuant to an order for that medication **and** first administered in the ER, inpatient units, or applicable clinic area.
2. The medication must be multi-dose and have no residual value or use to the institution.
3. A retail hard copy prescription must be provided to the pharmacy along with the medication to be labeled.
4. The pharmacy will handwrite two labels, including all legal requirements of a retail prescription.
 - a. Name and address of pharmacy dispensing (Univ of Toledo Med Center)
 - b. Full name of patient
 - c. Full name of prescriber
 - d. Directions fo ruse of the drug
 - e. Date of dispensing
 - f. Cautions required by state or federal law
 - g. Prescription Number
 - h. Brand/Generic name of medication and strength
 - i. Quantity dispensed
5. Affix one label to medication for dispensing.
6. Affix second label to back of retail prescription, with signature of dispensing pharmacist.
7. File the prescription and send medication to patient-care area.

<p>Approved by:</p> <p><u>/s/</u> _____ <u>05/24/2021</u> Lindsey Eitniew PharmD, BCPS, AAHIVP Date Director of Pharmacy</p> <p><u>/s/</u> _____ <u>05/24/2021</u> Russell Smith Pharm D, BCPS, MBA Date Chief Pharmacy Officer <i>Review/Revision Completed By:</i> <i>Pharmacy</i></p>	<p>Review/Revision Date: 8/15 4/18 2/20</p>
<p>Next Review Date: 5/1/2024</p>	
<p>Policies Superseded by This Policy:</p>	