



**CRH** SIKKIM  
MANIPAL  
UNIVERSITY  
CENTRAL REFERRAL HOSPITAL - SMIMS

## Documented Procedure

TITLE: Medicine Bounce

DOCUMENT NO: Sop/CRH/MOM/MB/17

REVISION NO: 00

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VERSION NO. 01


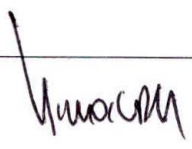
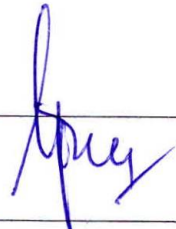
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PAGE NO: 1-5

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# Standard Operating Procedure Medicine Bounce

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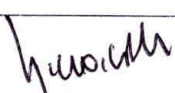
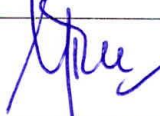
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## 1. ABBREVIATIONS AND DEFINITIONS

### 1.1 Abbreviations

OP	Out Patient/ Walk in Patients to CRH
IP	In Patient/ Patient admitted to CRH
CRH	Central Referral Hospital

### 1.2 Definitions

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**Formulary:** A hospital formulary, can be defined as a list of the medications that the hospital pharmacy stocks, along with information about each medication.

## 1.3 Expected Outcome

- To ensure availability of all the drugs present in hospital formulary, at all the time.
- To avoid stock out situation/ bounce of medical prescription slip from pharmacy retail (OP/IP).
- To identify drugs that needs to be added in hospital formulary.

## 1.4 Indicators for Measurements

- a) Percentage of medicine prescription bounce
- b) Percentage of new medicine prescribed.
- c) Percentage of regular medicine unavailable
- d) Calculating loss of revenue due to unavailability of medicine in pharmacy.

## 2. SCOPE


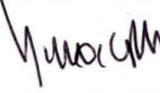

Applicable to both IP and OP pharmacy retail store.

## 3. RESPONSIBILITIES

Respective Pharmacist and In-Charges of the IP and OP pharmacy retail store, and Dy. Pharmacy Manager.

## 4. PROCESS

- 4.1. The medicine prescription slip filled in by the treating Doctor is brought in to the Pharmacy retail counter (IP/OP) by the Patient/ Patient party.

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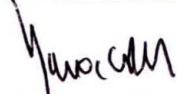
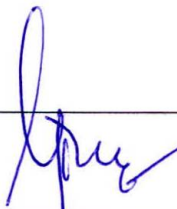




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- 4.2. The pharmacist attending the Patient/ Patient party should first take the medicine prescription slip and check that the slip is filled in properly (doctor's Signature with employee code) Patients name, age, Hospital number, date and lastly the medicine name clearly readable.
- 4.3. In case the name of medicine is not readable the pharmacist should take help of the other senior pharmacist available. If still not clarified the pharmacist need to get the name cleared from the treating Doctor.
- 4.4. All the medicine should be dispensed in proper Quantity, and explained about the dose to be taken and if any special precaution is needed should also be informed and explained to Patient/ Patient party.
- 4.5. Non availability of medicine if any should be replaced by the substitute available, and informed to Patient/ Patient party regarding the same.
- 4.6. In case of denial to accept the substitute, the pharmacist can make an attempt to explain about the same action of medicine and ask the Patient/ Patient party to get the medicine cross checked by the treating doctor.
- 4.7. Pharmacist to issue available drugs and make arrangements to procure the unavailable drug through pharmacy petty cash (Dy pharmacy Manager) and issue to patients.
- 4.8. All unavailability of medicines should be documented in the "Medicine Prescription Bounce Form", by the pharmacist attending the Patient/ Patient party with complete details described in it.
- 4.9. The Medicine Prescription Bounce Form should contain the following details,
- 4.9.1. Name of the Pharmacist on Counter, Shift timing, Date, employee code.
- 4.9.2. And then the Filling of the tabular details i.e.,
- a. Serial number
- b. Medicine name

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- c. Quantity
- d. To mention if it's a new drug (not mentioned in Hospital Formulary).
- e. Substitute available if any
- f. Reason for Denial to accept the substitute
- g. Name/ Employee code/ Unit of the treating doctor
- h. Department.
- i. Number of medicine unavailable from the total number of medicine prescribed.

4.9.3. At the end of the shift/ duty hours the Medicine Prescription Bounce Form filled in by the pharmacist should be handed over to the Pharmacy In-Charge available.

4.10. The In-Charge should check for proper filling of the form and if not documented properly, the In-Charge should explain it to the pharmacist for proper filling of the form, and fill the gaps.

4.11. In case of any non-compliance in filling of the form by the pharmacist, should be informed by the In-Charge to the Dy. Pharmacy Manager and Hospital Authority.

4.12. The properly filled in Medicine Prescription Bounce Form should be submitted to the Dy. Pharmacy Manager on daily basis by the Pharmacy In-Charges.


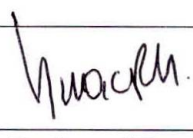
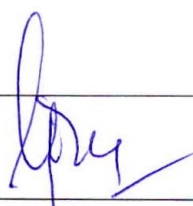
4.13. The Dy. Pharmacy Manager should receive and analyse the duly filled in Medicine Prescription Bounce Form on daily basis.

4.14. The Dy. Pharmacy Manager should compile the report on monthly basis and report it to Head Operation and Medical Superintendent.

4.15. If drugs in formulary are not available then an incident report should be raised and put up by the In-Charges to the Dy. Pharmacy Manager for corrective action.

### 5. REFERENCES

- Forms and Format

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