



CRH SIKKIM
MANIPAL
UNIVERSITY
CENTRAL REFERRAL HOSPITAL - SMIMS

Documented Procedure

TITLE: SOP for Safe Dispensing Of Medicines

DOCUMENT NO: SOP/CRH/MOM/SDOM/15

REVISION NO: 00

REVISION DATE: 00

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ISSUE/EFFECTIVE DATE: 03/12/2019

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1. Abbreviations and Definition

1.1 Abbreviation:

- IP: Indoor-Patient.
- OP: Outdoor-Patient.

1.2 Definition:

Dispensing of medicine: The act of preparing, packing, labelling and then providing the medication to the patients or their representative to be taken at a later time.

2. Expected Outcome:

- Reduce dispensing error.
- Patient safety

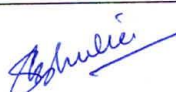

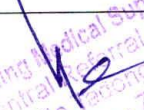
3. Objectives:

- To ensure good practices for safe dispensing of medication in the hospital.

4. Scope:

- The scope is applicable for dispensing of medicines from Indoor and Outdoor Pharmacy of hospital.

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5. Process:

Sl no:	Process	Responsibility
5.1	Dispensing of medication(s) should be practiced only for the prescribed medication(s) by the treating doctor which is written in the patient drug chart for all in-patients and in the prescription form for all out-patients	Pharmacist
5.2	Concerned nurse should verify the appropriateness of the medication(s) that is name, dose, frequency and expiry. the total quantity of each drug to be indented with the patient drug chart and cross check with the resident/duty doctor available at the nursing station before sending the prescription to the pharmacy.	Nurse
5.3	Pharmacist should receive the order and check the prescription, as listed below for the appropriateness of the order: <ul style="list-style-type: none">- Patient Name, age and sex- Inpatient No (for in-patients), Medical Records No (for out-patient)- Treating Doctor Name- Patient location: Ward No/Bed No (for indoor-patients)- Date and Time- Medication(s): Name, Dose, Route (when applicable), Frequency (for out-patients), and Quantity	Pharmacist

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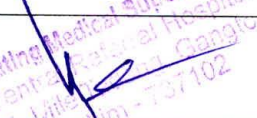
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5.4	A Pharmacist has the right to refuse to dispense the medication(s) if : <ul style="list-style-type: none">- Any one or more of the listed items are missing, incomplete or over writing.- The Pharmacist has any doubt about the medication(s) order – e.g. suspicion of forgery, overwriting, prescription written by an unqualified person.- The medicines prescribed are of unduly large quantities, and suspected to be for misuse.	Pharmacist
5.5	After verification of the medication order in the prescription form, the concerned pharmacist should double check the medicine being dispensed, by tallying against the prescription form.	Pharmacist
5.6	He/she should double check the quantity on the prescription, actual quantity dispensed, actually quantity billed, batch number and expiry.	Pharmacist
5.7	The concerned pharmacist should then pack all the medication(s) ordered in separate paper pouches /envelopes (for tablets and capsules strips). Each type of medication(s) in tablet and/or capsule (strips) should be kept in separate paper pouches / envelopes.	Pharmacist

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5.8	The concerned pharmacist should label the pouches/envelopes according to the following order: <ul style="list-style-type: none">- Name of the medication- Batch No- Expiry date	Pharmacist
5.9	This practice is not applicable for the medication(s) which are in liquid form and/or medication(s) to be dispensed in whole strip where batch no and expiry date are available.	Pharmacist
5.10	The practice of labelling is applicable to all dispensing areas wherein medicines are dispensed either as cut strips or from bulk containers	Pharmacist
5.11	High risk medication(s) should be identified as per the high risk medication list of the hospital.	Pharmacist
5.12	Only treating doctor and/or qualified doctor is authorised to raise the indent of high risk medication(s) for all in-patients.	Doctor
5.13	Pharmacist should check the appropriateness of the high risk medication indent form with above mentioned criteria before dispensing the medication(s).	Pharmacist

6. Responsibilities:

- Nurse
- Pharmacist

7. Records:

- Nil

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