

Pharmacy Services for Psychiatry Outpatients and Inpatient Units

Outpatient Pharmacy:

Outpatient Pharmacy M1-101 ext 4502 Hours: 08:00-18:00 hr Monday-Friday
09:00-14:00 hr Saturday

Role: Dispensing outpatient medication, patient counseling, dosette filling or blister packaging (may not be available, for limited # of patients, requires fee)

Inpatient Pharmacist :

Sonia Dyett

Satellite pharmacy KB-300 ext 4511

Pager 6281

Office phone #2747 (F135)

Hours of K-wing pharmacy: 0730-1600hr Monday-Friday,
limited weekend/holiday service 1100-1500 (dispensing only)

For urgent concerns: please page me

For simple drug availability questions: can call K-wing pharmacy at 4511

Role: Clinical services including patient and staff counseling/information, med reconciliation, drug distribution, attendance at rounds, education/teaching, and discharge planning

1. Drug distribution – unit dose and IV admixture

- After hours on F2 : Acudose night cupboard on F2
- Pharmacist on-call pager 8353
- F2 inpatient orders preferred to be written before 14:30 to allow for MAR update and patient bins (earlier if possible is best)

2. Formulary system

- List of drugs available at pharmacy department site on intranet
- Drugs have been approved by Pharmacy and Therapeutics committee
- Pharmacy resources on intranet: (to access click ‘Physicians’ tab on the top navigation bar on Sunnynet home page, then choose ‘Pharmacy’)
 - Electronic CPS (e-CPS) includes drug interactions checker
 - IV drug monographs and authorization
 - Antibiotic handbook
 - Links to ODB formulary

3. Administration times

- F2 drugs administered at different times from rest of the hospital
09:00, 12:00, 17:00, 22:00 therefore bid is 09:00 and 17:00.
- Must specify “*qam*” and “*qhs*” if you want 09:00 am and bedtime
- Exceptions are antibiotics (given around the clock), nitrates (special schedule to ensure a nitrate free period), lithium (daily and qhs given at 20:00 for levels), long-acting opioids (bid given as qam and qhs), warfarin (given at 18:00)

4. Automatic substitution policies

- Policy of P & T committee is to auto-substitute certain drugs deemed equivalent
- Try to order the formulary or substituted drug to avoid confusion
- Liquid Antacids – always substituted to 15 ml Maalox XS® equivalent

- ❑ Docusate calcium caps will be converted to docusate sodium caps; docusate sodium liquid will be converted to lactulose 15 ml po od prn
- ❑ Diazepam – no 0.5 mg increments therefore if 2.5 mg ordered then 2 mg supplied
- ❑ Lorazepam – sublingual tablet may also be given orally therefore will be supplied for PO orders and labeled as PO/SL
- ❑ Valproic acid orders converted to divalproex sodium unless being restarted from prior to admission
- ❑ Acetaminophen – converted to extra-strength (500mg) increments (325-650 mg converted to 500 mg; 975 mg converted to 1000 mg) – order as mg or XS tablets to avoid confusion
- ❑ Olanzapine Zydis and Risperidone M-tabs are supplied as generic forms (ODT = oral disintegrating tablet). Pharmacy / nursing may automatically substitute the quick-dissolving form for the regular tablet or vice-versa if deemed clinically appropriate.

5. Automatic stop dates for drugs

- ❑ There are no longer automatic stop dates for any medications; if you wish a medication to stop at a certain time, please write in order (e.g. x 7 days)
- ❑ A F2 PRN Pre-Printed Order Set is available to be used at admission or afterwards for PRNs for anxiety, agitation, sleep, and EPS; they expire in 72 hours to encourage reassessment of PRNs

An “Expiring Order Summary” (reminder list) is sent to the floor every Monday and Thursday and includes the list of meds expiring within the next 72 or 96 hours.

6. Pass medications (F2)

- ❑ Order passes on doctor’s order sheets (e.g. “Weekend pass Friday afternoon to Sunday night”)
- ❑ By default pharmacy sends only scheduled medications; if PRNs required please write in order (e.g. “send lorazepam 1 mg PRN x 3 doses”)
- ❑ Nurses then complete a “pass request form” for day, overnight, or weekend passes (see example of a completed form) to be sent to pharmacy that specifies time leaving and time returning
- ❑ Day passes require ½ day notice for pharmacy to prepare
- ❑ Weekend passes should be ideally be submitted by Thursday at 12:00 noon – late passes done at pharmacist’s discretion; also nurses have authorization to make late passes up from meds in the patient’s bin (except for controlled drugs)
 - Controlled medications (narcotics, stimulants, benzos) must be dispensed by pharmacy and requires a prescription record. Pharmacy will send up a prescription to be left on physician’s clipboard for signature at your convenience and to be returned to pharmacy.
- ❑ It is better to have a pass request filled out even if it is not completely certain that the patient will be going
- ❑ For patients on methadone - we are not allowed to dispense as pass meds if methadone is being used for addiction; methadone patient going on pass must return to hospital for methadone dose or use doses at home

7. Hints, suggestions, and pointers

- ❑ Get into the habit of always using generic names when prescribing meds as meds are delivered in unit dose packages labeled with generic names, and avoids confusion or possible medication errors
- ❑ PRN meds require a purpose for use, a frequency and a maximum amount to be used in 24 hrs
- ❑ If you are ordering IM olanzapine and IM lorazepam, you must also include in the order: "Do not give IM doses of olanzapine and lorazepam less than 2 hours apart" (this also appears on the MAR automatically); if repeat IM olanzapine is required then administer 2 hours apart and no more than 3 injections in a 24-hour period.
- ❑ Always think about possible CYP450 drug interactions (see reference chart)

- ❑ Report any unusual or adverse drug reactions (see attached form)
- ❑ Methadone patients : inpatient physicians are not authorized to write for methadone on a discharge prescription; methadone patients must see their methadone physician upon discharge for a new script
- ❑ There is an electronic ECT order set for ECT orders
- ❑ For CIWA orders – order set must be filled out. There is separate order set for Emergency and for Inpatient units. Currently we are using paper order set but this may transition soon to Sunnycare (order set already available under GIM = Inpatient Alcohol Withdrawal Orders; or search “alcohol”)
- ❑ Binders on F2 available with medication information sheets for patients as well as a binder with relevant pharmacy information for nurses and physicians (a blue binder)
- ❑ For confusing admission orders that you would like the pharmacist to verify (medication reconciliation), may write “Pharmacy to clarify” on admission orders
- ❑ For smokers, please assess if a patient would like NRT (nicotine replacement therapy) during admission. The gum (2 mg and 4 mg) and patch (21 mg, 14 mg, and 7 mg) are available. A card with recommended doses for amount smoked is available. For gum, please specify one strength (avoid writing “2-4 mg”).
- ❑ Common OTC formulary products available and usual doses:
 - ❑ Cough suppressant:: DM (dextromethorphan) syrup 30 mg q6h prn
 - ❑ Any orders for throat lozenges will be supplied as formulary brand - usual dose is 1 lozange q2h prn
 - ❑ Commonly used Laxatives on formulary:
 1. PEG (polyethylene glycol) – usual dose 17 g (1 scoop) daily
 2. Magnesium hydroxide (Milk of Magnesia) liquid (usual dose 15-30 ml)
 3. Lactulose 10 g/ 15 ml liquid (usual dose 15 – 30 ml)
 4. Sennosides 8.6 mg tablets
 5. Cascara 325 mg tablet
 6. Bisacodyl suppositories or 5 mg tablets
 7. Glycerin suppositories
 8. Fleet enema
 9. Docusate sodium 100-200 mg daily (mild stool softener, not for PRN use, not ever proven to be efficacious)