BCMA – Inpatient Pharmacy Checklist

This is an example of a checklist for reviewing the Pharmacy preparations needed for implementing BCMA.

Cherokee Indian Hospital

- ☐ Inpatient Pharmacy Hours:

  - ☐ Monday – Friday: 7:30 am – 4:30 pm

  - ☐ Saturday and Sunday: 8 am – 12:00 pm

  - ☐ VA Pharmacists verifies orders after regular business hours.

- ☐ Review overnight orders:

  - ☐ Deliver any non-ward stock meds needed for new admissions prior to afternoon cart fill:

    - ^IPF (Inpatient Profile): may be run for individual patients to review ward stock vs non-ward stock medications.
    - Most meds scheduled for 'qday' are to be given at 10 am.

- ☐ Print Ward Roster:

  - ☐ ^WR to inpatient printer (PTINPRX).

  - ☐ Print copy for yourself and any pharmacy students assigned to the inpatient pharmacy.

- ☐ Attend inpatient rounds at 8:30am in inpatient conference room:

  - ☐ Record pertinent information presented during rounds to follow patient progress.

- ☐ Review and verify MD orders:

  - ☐ UDM (Unit Dose Menu) > NON (Non-Verified/Pending Orders).

  - ☐ When completing order be mindful of how they will present for the RN through BCMA:

- Think: Dispense Drugs, Units per Dose, Provider Comments, Dosage Forms, Start Time.
- Requested Start is when the first dose will be due.
- Complex Orders: Multiple orders are linked together; once verified, the components of the complex order cannot be edited:
  - Ex: Loperamide 4mg now, then 2mg prn diarrhea…will be split into two separate orders that are linked in the background.
  - The start time for the second component of the complex order is the stop time for the first component.
- Changing the dispense drug on a finished order:
  - You may need to do this if stock availability changes.
  - ^IOE > Select the patient > Edit the Dispense Drug:
- Enter an inactive date for the previous dispense drug and choose a new dispense drug based on your stock.

☐ Document any interventions through Webcident.

☐ Meds may be given up to 1 hour before through 1 hour after the scheduled administration time:

- Start time must be before the administration time in order for the RN to "give first dose now."

☐ Print IV Labels:

☐ IVM (IV Menu).

☐ Run the Manufacturing List (Options 1,2,5,6,8).

☐ Run the Ward List (Options 1,2,5,6,8).

☐ Label Menu > Scheduled Labels (Options 1,5,6,8):

- Extra IV Labels are kept in the cupboards near the printer.

☐ Make IVs:

☐ All IVs must have a patient name AND expiration date on the label:

- See Stability chart for expiration dates.
- "Vial Mated" antibiotics/fluids are stable for 30 days.

☐ Remember to use a foil seal, if necessary.

☐ Extra Vial-Mate Adapters are kept in Supply.

☐ Hood Maintenance:

    ☐ Clean all surfaces, once weekly, with Cavicide.

    ☐ Change gloves attached to sleeves once weekly:

- Gloves may need to be changed more frequently if torn.

    ☐ Clean 'silver surfaces' daily with 70% Isopropyl Alcohol.

    ☐ Change trash and sharps containers when full as needed:

- Sharps containers are kept in Supply.
- Full sharps containers should be returned to Lab.

    ☐ Extra bottles of Cavicide, EtOH are kept in Supply.

☐ New Admissions:

    ☐ Complete a Medication Reconciliation, Renal Assessment, and Fall Risk Assessment (for patient's >65 years old) on each new admission.

    ☐ Document patient education: Medication-Medication Reconciliation.

    ☐ Complete any consults for inpatient ward: Pharmacokinetic, Anticoagulation, Fall Risk.

☐ Discharges:

    ☐ Print two outpatient medication lists: one for the patient to keep and one for the patient to sign.

☐ Signed copy of med list is filed in the inpatient chart, kept at the ward clerk desk.

☐ Document patient education: Medication-Medication Reconciliation.

☐ Fill Omnicell Controlled Substances and deliver to wards daily.

☐ Cart Fill:

   ☐ This is a 24 hour supply of meds delivered to the floor daily by 2 pm.

   ☐ Print ^IPF (Inpatient Profile) > Ward > Inpatient > Print to PTINPRX.

   ☐ Review patient profiles for ward stock versus non-ward stock medications.

   ☐ Deliver all 'continuous' medications (including those marked as 'WS', or ward stock) to the floor, AND any 'PRN' medications that are non-ward stock.

   ☐ All items leaving the inpatient pharmacy must have a bar code!

   - Use MILT software to create U/D barcodes:
     − Items unit dosed from a stock bottle expire one year from the date of re-packaging, or the manufacturer's expiration date, whichever is earlier.
     − To find an IEN Number for MILT: ^UDM > BCMA > #9: Drug File Inquiry.
   - Multi-dose items, like a tube of clotrimazole cream or albuterol MDI, need to be labeled with the patients name along with a bar code.

   ☐ Code for COW (computer on wheels): 0-5-3-1.

☐ BCMA Unable to Scan Report:

   ☐ Log into BCMA:

   - This is loaded on the inpatient pharmacy computer.
   - Access and verify codes are the same as for RPMS-HER.
   - Click on Reports > Unable to Scan – Detailed > Print.
   - Review this report on a daily basis, address scanning errors, and file in the binder labeled "Barcode Scanning Failures":

- Provide notes or comments on the steps you took to correct the problem.

☐ Involuntary Commitments to the ER:

    ☐ ER nursing staff will notify the inpatient pharmacist of any patients committed to the ER.

    ☐ Deliver a 24 hour supply of meds to the ER for these patients based off the paper MAR (medication administration record) at the ER nursing station.

    ☐ Each patient will have a bin in the ER medication room labeled with their name.

☐ Infusion Specialty Clinic:

    ☐ Clinic RNs may call throughout the day requesting IVPB meds for patients receiving outpatient IVs:

- Blue and Green Clinic usually print a list of their specialty clinic patients to the inpatient printer each morning.
- Use this as a reference and tool to help plan your day.

    ☐ These labels may print during the daily label print; occasionally, you may need to enter the IV medication to get a label to print:

- ^IVM (IV Menu) > IOE (Inpatient Order Entry) > Select the patient > "This patient has been discharged as of xx/xx/xxxx. Do you want to continue?" > Yes.
- IV Type: Piggyback (will give you a frequency), Admixture (will ask for an infusion rate), we do not currently use any other 'IV Type'.

☐ Empty Return Bins once weekly:

    ☐ Return Bin Keys are kept in the inpatient pharmacy drawer by the sink.

☐ Complete workload statistics daily at the end of shift.