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:
BCMA – Inpatient Pharmacy Checklist

- 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.


☐ 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.


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 repackaging, 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.