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DATE CREATED:	
APPROVED BY:	**Doctor name**
REVIEWED BY:	**PHARMACIST**

SOP OF PHARMACY

CONTROL OF THE DOCUMENT

The Pharmacist of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable form.

The Pharmacist of the copy of this manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.

The Manual is reviewed at least once a year and is updated as relevant to the Hospital policies and procedures.

The Authority over control of this manual is as follow:

Prepared By	Approved By	Issued By
Designation: HOD /Dept. In charge Name: **Doctor name**	Medical Superintendent Name: **Doctor name**	Quality –Medical Superintendent Name: **Doctor name**

ADR	Adverse drug reactions
CPA	Central Procurement Agency
EDL	Essential Drug List
DDW	District Drugs Warehouse
DTC	Drugs and Therapeutics Committee
IPD	Inpatients Department
CCIM	Medical Council of India
MDS	Main Drug Store
NABH	National Accreditation Board for Hospitals & Health care providers
OPD	Outpatients Department
WHO	World Health Organization

Introduction

Provision of quality health care to the people is a commitment of Government of ==State name==. Availability of quality Ayurvedic medicines and their rational use is important for this to be achieved. Ensuring that essential Ayurvedic medicines are available for the patients at all times and they are rationally used requires an awareness of the multiple steps involved in the "Ayurvedic Medicine cycle", if the aim of ensuring that the right Ayurvedic medicines is available for the right patient at all times has to be fulfilled.

These steps include :-

1) Selection of a list of Ayurvedic medicines which are essential to meet the health care requirements of the people. This is dependent on the morbidity and mortality pattern of that region. The word essential has been defined by the World Health Organization as

2) Assessment of the quantity of medicines that are required within the health facility. Accurate quantification is important to ensure that there are no shortages in availability of essential Ayurvedic medicines for the patients.

3) Storage- The medicines obtained by the hospital must be stored in conditions to ensurethat the quality of the Ayurvedic medicine does not deteriorate. The storage must be as specifiedby the manufacturer.

4) **Distribution**-The Ayurvedic medicines would have to be distributed to the different areas of use within the hospital Main Drug store- Outpatient Pharmacy, Hospital Emergency,Inpatient departments. At each place, conditions for storage must be as specified in the manufacturer's brochure.

5) **Prescribing** of Ayurvedic medicines must be based on principles of rational prescribing

6. **Administration** of Ayurvedic medicines must follow safe medication practices

Dispensing of Ayurvedic medicines must follow good dispensing practices.

8) **Disposal** of Ayurvedic medicines found unfit for use must be in accordance with the existing rulesfor bio- waste management

9) **Monitoring** of the Ayurvedic Medicine Cycle within the health facility i.e. from the procurement to use.

10) **Education** of health care providers, including doctors, nurses and pharmacists on a continuous basis

Definition

(i)　All Ayurvedic medicines for internal or external use of human beings a l l substances intended to be used for the diagnosis, treatment, mitigation or prevention of any disease or disorder in human beings including preparations applied on human body.

Such substances (other than food) intended to affect the structure or any function of the human body or intended to be used for the destruction of which cause disease in human beings as may be specified from time to time by the Central Government by notification in the Official Gazette.

(ii) Such devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of disease or disorder in human beings as may be specified from time to time by the Central Government by notification in the Official Gazette, after consultation with the Board

Overall pharmacy services and usage of drugs in the health facility

1.1 Purpose

To provide guide lines for the organization of pharmacy services, management, procurement of drugs and their usage.

1.2 Scope

All activities and areas in a health facility (Hospital) concerned with procurement, storage, use and disposal of drugs.

1.3 Responsibility

- Head of the Institute
- Departmental Heads
- Purchase Officer
- Officer in-charge MDS

- Pharmacist in-charge MDS

- Officer in-charge OPD Pharmacy

- Pharmacy in-charge OPD Pharmacy

- Nursing in-charges of Department sub-stores.

1.4 Procedure

- 1.4.1 The overall management of pharmacy services in the Clinic will be a coordinated activity involving the Purchase officer, Officer in-charge MDS, all Heads of departments, Pharmacist in-charge MDS and Pharmacy, Nursing in-charge's of different sub stores. They will all work under the guidance of the Head of the Institute

- The principles enunciated in the Drug Policy of Government of State Name, (or any revision) shall be followed in the health facility

- Every Hospital shall have a DTC which shall annually review the appropriateness of the health facility drug list to meet the needs of the health facility. The DTC will form the core group for coordinating all activities related to rational use of Ayurvedic medicines in the health facility.

- Scientific and rational principles will be followed for selecting the list of essential medicines for the health facility, estimating quantities of Ayurvedic medicines required, storage, dispensing, prescribing, administering and use of Ayurvedic medicines.

- Documentation of all aspects related to the drug management cycle must be in place there and the records must be maintained preferably electronically. These must be audited regularly by Officers appointed by the Head of the Institute.

- A system for providing updated information in relation to drugs, to the doctors, nurses, pharmacists, should be readily available within the health facility. Electronically available, peer reviewed sources of drug information can be used for the same.

- **Procedure**

- The overall management of pharmacy services in the Hospital will be a coordinated activity involving the Purchase officer, Officer in-charge MDS, all Heads of departments, Pharmacy in-charge MDS and Pharmacy, therapist. They will all work under the guidance of the Head of the Institute.

- Every Hospital shall have a DTC which shall annually review the appropriateness of the health facility drug list to meet the needs of the health facility. The DTC will form the core group for coordinating all activities related to rational use of medicines in the health facility.

- Scientific and rational principles will be followed for selecting the list of essential medicines for the health facility, estimating quantities of medicines required, storage, dispensing, prescribing, administering and use of medicines.

- The policies and processes of the health facility as regards the drug supply and their use cycle must be informed to all the health care providers within the health facility

- Standard Operating Procedures as specified for procurement, storage, distribution, dispensing, prescribing, administering, disposal of drugs must be strictly followed.

- All processes must be followed, to ensure that patients receive appropriate drugs for their medical illness and do not suffer any harm.

- **1.6 Records**
- All records pertaining to activities related to drug supply use cycle as written in the specific SOP must be maintained.

1.7 Process Efficiency Criteria

- There should be no shortages of quality, essential drugs in the health facility for the patients. These must be stored and rationally used causing no harm to the patients.

Purpose
- To establish procedures for indenting of drugs and items from DDW/CPA for the hospital.

- **Scope**
- All activities related to determining the nature and quantity of drugs required by the hospital for indoor, outdoor and emergency patients and ensuring their availability at all times.

- **ROLES AND RESPONSIBILITIES**

- To review the medical records for adequacy and completeness
- To determine whether the records meet the required standards for promptness, completeness, and Hospital pertinence

- To recommend policies regarding content and completion of medical records
- To decide and develop suitable medical record forms
- The committee meets every three months
- Officer in- charge MDS
- Pharmacist in- charge MDS

- **Records to be maintained**
  - List and details of all members
  - The SOP of the committee
  - Copy of all agendas, minutes of all meeting
  - Copy of any other correspondence to the committee members or nonmembers.
  - Copy of any study conducted for the sake of the committee.

- **<u>Objectives:</u>**
  - To generate awareness about ADRs among health care providers by conducting different activities.
  - To identify ADRs occurring in the patients admitted Hospital and report the same to appropriate authorities
  - To carry out analysis of ADRs
  - To undertake scientific and research activities pertaining to ADRs
  - To make efforts to minimize the chances of ADR and thereby make drug therapy safer & rational.

  - A drug/medicine before being prescribed by a doctor has to undergo tests and approvals. It is tested in a lab, studied for dosage and side effects, only then prescription guidelines are formed. The medicines then undergo clinical trials and only when after studying all the possible effects of the medicine, it is introduced in the market. Pharmacists are a part of the entire process. They are also responsible for introducing a new drug/ medicine to various medical practitioners.

  - The role of pharmacist does not end here. They study and keep track of all medicines and products with market surveys by connecting with a medical practitioner and distributors for any side effects, reactions and allergies, etc. Although, before distribution in a market the medicines are tested in labs because of the complexity and

diversity of human beings, different outcomes from the same medicine can occur, therefore, a pharmacy practitioner has to research and develop medicines and prescriptions at multitudes. Pharmacy basically includes everything related to your wellness right from the food you consume to the cosmetics, lifestyle products, health and chemical products that you use.

- Looking at the scope of Pharmacy in the health care industry, a survey report called 'Pharmacy at a glance 2015-2017 by International Pharmaceutical Federation (FIP), community pharmacy is the largest contributor with 75.1 per cent registered pharmacists employed followed by Hospital pharmacy with 13.2 per cent. The services provided by pharmacy practitioners include:

- 1 each and every bottle and box to be kept by following standards
- An expiry date mentioned
- Opening date (if medicine jar used)
- Refilling date
- 2 Look alike and sound alike medicine
- Look Alike Sound Alike (LASA) medications involve medications that are visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics.

- **Prescription drug benefits**
- A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

- **Emergency drugs in easily Accessible area.**
- Emergency drug guidelines already overlap with certain conditions
- Other notebooks include - especially those in the heart,
- Diabetes and respiratory guidelines. Some, like cardiac management
- Arrests are fully treated in emergency guidelines but
- The information in each set of guidelines is consistent.
- Emergency medicine was requested as guidelines
- **Vish and Upvish Drugs in lock and key**
- In pharmacy vish and upvish medicine are kept in lock and key so that these are kept under complete supervision of doctor and pharmacist.