IREDELL HEALTH SYSTEM

Labeling and Dispensing	
Approved by: Randi Raynor, PharmD, MBA, BCPS	Last Revised/Reviewed Date: 01/2023
P&T Committee	Date: 02/2023

Policy
All compounding, packaging, distribution, and dispensing of drugs shall be consistent with federal and state laws, rules, and regulations and applicable law or regulation governing professional licensure and operation of pharmacies and professional standards of pharmacy practice.

Persons who may Prepare, Dispense, Transfer Drugs, and make Labeling Changes
Drug preparation and dispensing is restricted to a licensed pharmacist or to a designee under the direct supervision of a pharmacist. A licensed pharmacist must monitor all drug preparation and dispensing by non-pharmacist personnel.

Only a pharmacist, or authorized pharmacy personnel under the direction and direct supervision of a pharmacist, shall fill and label containers from which drugs are to be distributed or dispensed, make labeling changes, or transfer drugs to different containers.

Supportive personnel (non-pharmacists) shall work under the direct supervision of a licensed pharmacist. The supervising pharmacist must be fully aware of all drug-preparation and drug-dispensing activities. Supportive personnel shall comply with facility and pharmacy policies and procedures.

Amounts to Dispense
The pharmacy shall dispense enough doses to last until the next scheduled delivery of drugs to patients (but not to exceed the amount prescribed).

Bulk products of oral suspensions shall be reserved for inpatient use only.

Dispensing in Ready-to-Administer Forms
Drugs shall be dispensed in ready-to-administer forms to the extent practical to minimize opportunities for error.

Unit Dose
A unit-dose drug distribution system, which permits identification of the drug up to the point of administration, shall be used to the extent practicable. Drugs that are not practical to supply in unit-of-use containers (including, but not limited to, oral concentrate liquids with calibrated droppers) shall be supplied in their original containers.

Labels
Labels shall meet the following specifications:

- Medication labels shall be typed or computer printed, unless in the event of downtime.
- The label shall be firmly affixed to the container or placed inside a plastic bag when appropriate.
- Accessory labels and caution statements shall appear when applicable.

- Strengths shall be stated in the metric system.
- Drugs in forms intended for dilution or reconstitution shall carry directions for doing so. When appropriate, dilutions and reconstitutions will be done in the Pharmacy.
- Medications dispensed in containers other than the manufacturer's original package shall have the expiration date indicated on the label.
- All labels shall include at least:
  1) Patient name and location
  2) The proprietary and/or nonproprietary name of the drug
  3) Drug strength
  4) Dosage form
  5) Lot number or pharmacy control number
  6) Manufacturer (if not evident from a proprietary name or from pharmacy prepackaging records)
  7) Expiration date
  8) Expiration time when expiration occurs in less than 24 hours
  9) Quantity of drug
  10) Appropriate accessory and cautionary statements or supplemental labels that address storage requirements, administration procedures, safety precautions, etc.

Drugs that are mislabeled (i.e. labels illegible, incomplete, incorrect) shall not be available for use.

Verifying Order Filling Accuracy

A pharmacist shall perform a final check after the order has been filled or refilled. This check shall verify that the order was filled and labeled correctly.

Delivery of Drugs to Patient Care Areas

The pharmacy shall ensure that drugs are delivered to patient care areas and are available for administration at the scheduled times. If the pharmacy is unable to provide a drug prior to the scheduled administration time, the pharmacy shall inform the nurse responsible for the area and/or the nurse responsible for the patient.

Patient Care Area Storage of Patient's Drugs

Patient drugs shall be stored in individual containers in the patient care area. Patient care area storage containers shall be labeled with the patient's initials or location. Labeling shall be typed, imprinted, or neatly hand-written.

Return of Drugs from Patient Care Areas to the Pharmacy

Discontinued drugs, drugs remaining after a patient is discharged, excessive drugs, and unusable drugs shall be returned to the pharmacy.

Disposition of Drugs Returned to the Pharmacy

Drugs returned to the pharmacy shall not be placed in active stock or dispensed unless they can be absolutely identified (including lot number and manufacturer) and there is no evidence (or suspicion) of contamination or potential contamination.

INITIAL EFFECTIVE DATE: 12/2003
DATES REVISIONS EFFECTIVE: 10/2010, 08/2022, 02/2023

DATES REVIEWED (no changes):