

PHARMACY AND THERAPEUTIC COMMITTEE

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INTRODUCTION

- In these days of modern medicine, a large number of drugs are available for the treatment of a disease.
- Considering the complexities surrounding their effective use, it is necessary for the hospital to establish a system to bring the best medicinal agents to the attention of the medical staff and help them in proper selection of therapeutic substances.
- In order to ensure proper rationality in the use of drugs a **“PHARMACY AND THERAPEUTIC COMMITTEE”** need to be organized and constituted in a hospital.

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PHARMACY AND THERAPEUTIC COMMITTEE(PTC)

- ❖ It is a policy framing and recommending body to the medical staff and the administration of hospital on matters related to the therapeutic use of drugs.
- ❖ It also serves as a means of communication between the healthcare professional and pharmacy department.

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Hospital Administrators

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OBJECTIVES / PURPOSES

The main objective of PTC is to achieve optimal patient care and safety through rational drug therapy.

- 1) ADVISORY: It recommends the adoption of policies regarding evaluation, selection and therapeutic use of drugs.
- 2) EDUCATIONAL: It assists in the preparation of programs for healthcare professionals to update their current knowledge on matters related to drugs and its use.

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ORGANIZATION

- Pharmacy and therapeutic committee is composed of :
 1. Atleast 3 physicians from the medical staff (one is the chairman).
 2. A chief pharmacist (secretary).
 3. A representative from nursing staff (joint-secretary).
 4. A hospital administrator, who should be an ex-officio member of the committee.

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OPERATION OF PTC

- The committee should meet atleast 6 times in a year and also as & when necessary.
- The committee should invite persons from inside or outside hospital to its meetings, who can contribute specialized or unique knowledge, skills.
- A agenda should be prepared by secretary and submitted to the committee members in sufficient time before meeting.
An agenda may consist of :
 - minutes of previous meeting
 - review of contents of hospital formulary

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- new drugs, commercially available
- review of adverse drug reactions, drug interactions, toxic effects reported in the hospital
- Minutes of the meeting should be prepared by the secretary and maintained in the permanent records of the hospital.
- Recommendations of the committee shall be presented to the medical staff.

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FUNCTIONS

- ❑ To provide advise to the medical staff on usage of drugs.
- ❑ To develop a formulary of drugs accepted for use in the hospital.
- ❑ To plan/establish suitable educational programs.
- ❑ To review adverse drug reactions.
- ❑ To make recommendations concerning drugs to be stocked in hospital patient care areas.
- ❑ To advise the pharmacy in the implementation of effective drug distribution and control procedures.

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POLICIES OF COMMITTEE

- In order to avoid misunderstanding amongst members and medical staff, policies were developed.
- Policies should be reviewed periodically to ensure that they are up-dated.
- Proposal of a new drug for the hospital formulary shall be submitted to the pharmacy department by any medical staff. Committee decides whether to accept or to reject.
- Drugs evaluated and approved by committee will be assigned to one of the following categories:
 1. Formulary drug
 2. Drugs approved on a conditional trial period
 3. Investigational drugs
 4. Specialized formulary drugs

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- Drugs which cannot be placed under the above categories are considered as Non-formulary drug
- The pre-signing of prescription blanks is prohibited .
- All drugs should be dispensed on the basis of generic names to achieve cost-savings.

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ROLE OF PTC IN DRUG SAFETY

- Drug safety includes responsibility from dispensing of drugs to drug administration and to observe possible adverse effects.
- Following guidelines can help in inducing drug safety:
 - ✓ a qualified, registered pharmacist should be employed for supervision of pharmacy.
 - ✓ non-pharmacist should not be permitted to dispense drugs.
 - ✓ sufficient number of qualified staff should be employed for adequate coverage of pharmacy.

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- ✓ the hospital should provide adequate, safe work space and safe storage facilities.
- ✓ the hospital must have an autonomic stop order regulation for dangerous drugs.
- ✓ the hospital should have a drug formulary, periodically revised and updated.
- ✓ the poisons and poisonous materials should be separated from non-poisonous materials, similarly external and internal preparations.
- ✓ the hospital should permit pharmacist to engage in a teaching program to medical staff.
- ✓ all nursing drug stations should be periodically inspected for the purpose of removing deteriorated and outdated drugs.

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AUTONOMIC STOP ORDERS FOR DANGEROUS DRUGS

- All drug orders for narcotics, sedatives, hypnotic, anticoagulants and antibiotics should be automatically discontinued after 48 hours unless a)order indicates exact number of doses, b) exact period of time, c)attending physician reorders.
- All P.R.N(*Pro re nata*) and standing order medications shall expire as determined by the pharmacy and therapeutic committee in consultation with concerned medical staff and recommend the hospital administration.

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ROLE OF PTC IN ADVERSE DRUG REACTION MONITORING

- ❖ An adverse reaction is defined as any unusual or unexpected harmful reaction from a drug.
- ❖ Every case of adverse reaction must be first reported by attending physician to chairman of PTC.
- ❖ The attending physician should complete the 'Adverse drug reaction report form'.

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ROLE OF PTC IN DEVELOPING EMERGENCY DRUG LIST

- It is absolutely necessary for the PTC of a hospital to prepare “emergency drug boxes or stat boxes” containing emergency drugs, readily available at bed-side for use.
- It should be checked daily either by pharmacist or nursing supervisor responsible for the ward.

A. Supplies to be maintained in emergency box:

syringes- 1, 2, 5 ml; 10,20ml
 needles- 16', 18', 20', 23', 26'

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files for breaking ampoules

B. Drugs for emergency box:

These are selected in consultation with physician.
 examples-aminophylline, atropine sulphate, heparin, epinephrine, nalorphine, pentazocine, pentobarbitone, digoxin, mannitol, saline for injection, water for injection.

C. Supplies for cabinet utility room:

venous cannulation set, venous catheters, oxygen catheters, razor with blades.

D. Other emergency supplies:

oxygen equipments, resuscitation carts, tracheostomy sets, burn sheets.

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ROLE OF PTC IN DRUG UTILIZATION REVIEW

- Drug utilization includes prescribing, dispensing, administering and ingesting of prescription of drugs.
- Hospital pharmacist should take medication history, that should include following information:
 - 1) medication being taken at time of admission, during admission and OTC drugs
 - 2) any drug or food related allergies.

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PATIENT MEDICATION PROFILE

XYZ HOSPITAL

PATIENT MEDICATION PROFILE RECORD NO.

NAME OF PATIENT:- AGE:- SEX:-

ADDRESS:-

DATE OF ADMISSION:-

ADMISSION DIAGNOSIS:-

OTHER PATHOLOGY:-

OTC DRUGS USED:-

PRE OPERATIVE MEDICATIONS USED:-

DATE	DRUGS	DOSE	ROUTE	STARTED	DISCONTINUED	REMARKS

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Patient medication profile will serve for following purposes:

- a) to help improved drug prescribing practices by promoting safe and rational use of drugs
- b) to detect and prevent drug-interactions, adverse reactions
- c) to detect drug induced diseases
- d) it helps to detect potential drug toxicities

With patient medication profile, patient history and laboratory procedure, pharmacist is in an excellent position to monitor proper drug utilization.

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ROLE OF PTC IN DRUG PRODUCT DEFECT REPORTING

- The drugs purchased by hospital can have the following defects like deteriorated, contaminated, inferior or defective quality drugs, inadequate labeling, inaccurate filling of product or faulty delivery.
- It is the responsibility of committee to get information about the defective drug products and to inform it to the manufacturer or supplier for appropriate action.
- If satisfactory answer is not obtained from manufacturer or supplier then it should be reported to Food & drug control administration.

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