


Name of Policy: Therapy Management by the Pharmacist Policy Number: 3364-133-143 Approving Officer: Chief Executive Officer, Chief Operating Officer Responsible Agent: Chief Medical Officer, Administrative Director of Pharmacy Services and Chief Pharmacy Officer Scope: University of Toledo Medical Center		 Effective date: Original effective date: 9/29/2022	
Key words: Therapy Management, Pharmacist, Drug Therapy, Medication Safety, Criteria			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

To provide a condensed guideline for pharmacist management of drug therapy to improve medication safety and collaborative practice with UTMC providers..

(B) Policy Purpose

Define criteria for pharmacists to add/discontinue/change drug therapy.

(C) Procedure

1. A pharmacist may adjust medication therapy in accordance with procedures referenced in this policy or as outlined in attachment A if criteria are met.
2. If any criteria are questionable or unable to be evaluated, no changes will be made by the pharmacist and recommendations, or follow-up questions will be communicated with the provider.
3. Pharmacist will place orders in the electronic medical record as a per protocol, no co-signature order under the patient's attending physician or under the physician who ordered the pharmacy consult (if applicable).
4. Pharmacist will log their activity into pharmacy intervention software and flag for follow up (as applicable).
5. Corresponding procedures for pharmacist adjustments that can be completed per protocol (no cosign) found at:

Procedure Details	IPP #
Consult Management	026-IPP
Automatic IV to Enteral Medication Conversion	043-IPP
Automatic Dose Adjustment	185-IPP
Stress Ulcer Prophylaxis Discontinuation	201-IPP
Automatic Solid to Liquid Conversion	213-IPP
Discontinuation of Non-essential Medications	214-IPP
Therapeutic Drug Monitoring	215-IPP

Attachment A:

Drug Type	Intervention with Order
Critical Care Analgesia & Sedation orders	<p>When patient is extubated, discontinue sedation and analgesia drips and associated prn doses from this protocol</p> <p>When level of sedation is modified (e.g., changing from level 1 to level 2 sedation) discontinue sedation and analgesia drips and associated prn doses from the previous protocol</p>
Continuous Renal Replacement Therapy (CRRT)	<ul style="list-style-type: none"> • When patient is no longer on CRRT AND the pharmacist has confirmed it will not be restarted in the immediate future, discontinue CRRT specific medications. • When CRRT medication orders are modified, discontinue medication orders from the previous protocol. • If patient is on a heparin drip, clarify that the heparin drip is not being used for another indication (in addition to CRRT) before discontinuing & ensure appropriate VTE prophylaxis is ordered
IV infusions	<p>Discontinue if drip has not been used for >48 hours.</p> <p>May discontinue current maintenance IV fluid if 1) new maintenance IV fluid is prescribed and 2) there is no documented reason for the patient to receive two maintenance IV fluids.</p> <p>May order a flush bag for small volume IV solutions to ensure entire volume flushes through the IV line.</p>
	1)

<p>Oral chemotherapy for cancerous indications ordered as continuation of home medication while inpatient</p>	<p>If not ordered by an Oncologist in the inpatient setting:</p> <ol style="list-style-type: none"> 1) Pharmacist will place a consult to Hematology/Oncology physician to authorize safety and appropriateness of continuation of home medication while inpatient. 2) If no rounding Hematology/Oncology services are available, ordering provider to consult patient’s outpatient prescriber of the oral antineoplastic for direction on the safety and appropriateness of continuation inpatient.
	<p>1)</p>

<p>Approved by:</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Russell Smith Chief Operating Officer</p> <p>_____</p> <p>Date</p> <p>_____</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • N/A <p>Initial effective date: 9/29/2022</p> <p>Review/Revision Date: 9/2025</p>
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Holly Smith
Administrative Director of Pharmacy
Services and Chief Pharmacy Officer

Date

Michael Ellis, MD
Chief Medical Officer

Date

*Review/Revision Completed by:
Pharmacy*

Next review date: