

*Pharmacy and Therapeutics Committee
(PTC)*

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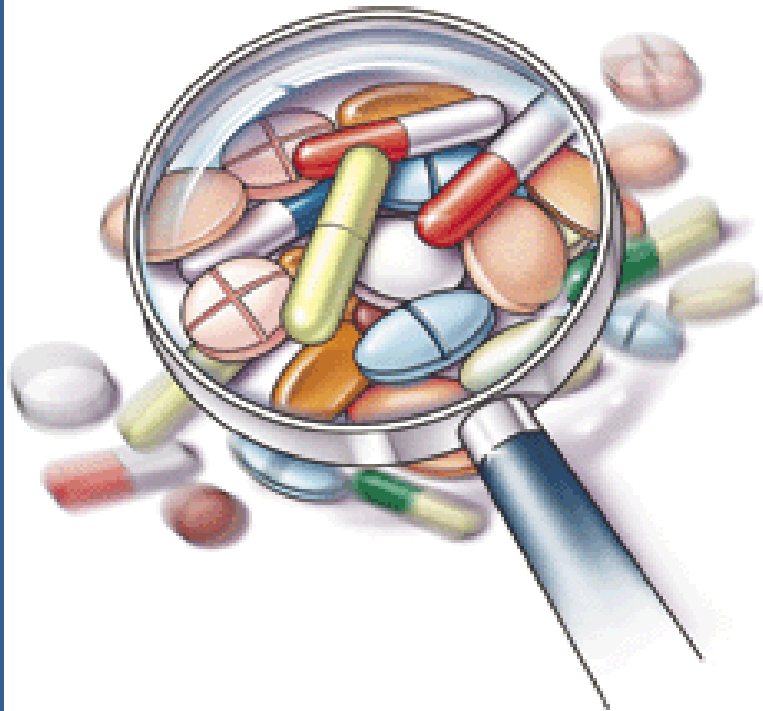


A constitution in the hospital which utilizes the administrative and clinical service of the medical staffs for the better patient care and quality of the services provided by the hospital.

It is a policy framing and recommending body on matters related to therapeutic use of drugs

Definition:

Focus on



A multi-disciplinary committee that advises **medical staff** and **hospital administration** on matters relating to the **therapeutic use** of drugs

Functions

- **Advisory**
- **Educational**
- **Formulary preparation**
- **Adverse drug reaction monitoring and reporting**
- **Policy regarding the investigational drug use**
- **Study on problems related to the drug distribution and administration and its solution**
- **Drug evaluation review**
- **Recommendations concerning drugs to be stocked in the hospital patient care areas**

Organization and Operation

- 3 Physicians - among them one will be the Chairman of the PTC
- 1 Pharmacist - Secretary, prepares the minutes of meeting and submits the agenda of the meeting to the other members before a sufficient time before the meeting.
- Nursing superintendent or nurse representative
- An administrator
- Physicians of another hospital, representatives of different department or an experienced staff who is emeritus can also be invited for special advices , skills and judgment required.
- On an average a large hospital goes for 6 meetings per year.
- Communication with the other hospital committees concerned with drug use (e.g., infection control, medical audit) shall be maintained.

Meeting....

- Minutes of the previous meetings review
- Review of the hospital formulary content –
update
- Information regarding new drugs available in
market
- Review / adoption of investigational drugs
- Review of side effects, ADR, toxic effects,
drug interactions of drugs reported
- Review of drug safety
- Reports of various sub committees
- Report of medical audit
- Any other matter

Hospital Formulary

a continually revised compilation of approved pharmaceuticals, plus important ancillary information, which reflects the current clinical judgment of the institution's medical staff

PROPOSAL OF A NEW DRUG FOR THE HOSPITAL FORMULARY

FRF

- A FORMULARY REQUEST FORM PRESENT IN THE PHARMACY IS COLLECTED BY THE MEDICAL STAFF

FILLED

- THE FORMULARY REQUEST FORM IS FILLED BY THE STAFF AND THE DRUG PROFILE WITH THE SUFFICIENT REFERENCES IF NECESSARY IS SUBMITTED TO THE PHARMACY

PTC

- REJECTION OR APPROVAL

REJECTION

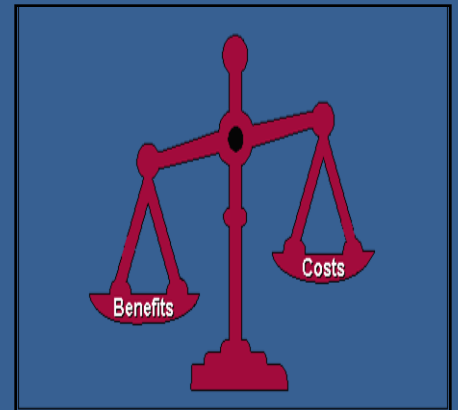
- MEDICAL STAFF CAN APPEAL WITH NECESSARY INFO

STILL REJ

- DRUG WILL NOT BE RECOMMENDED FOR FORMULARY

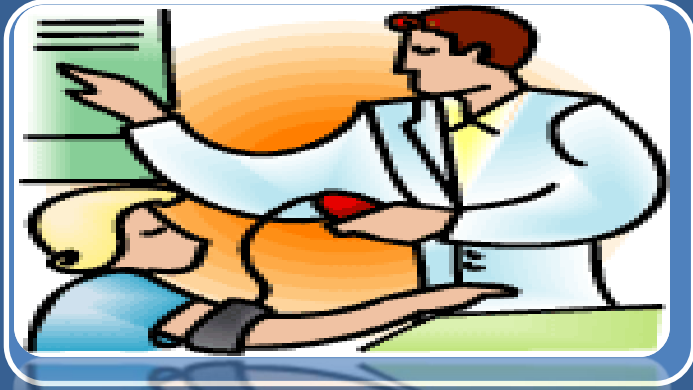
Adding medicines to the formulary

- Involves careful consideration of:
 - Efficacy
 - Safety
 - Quality
 - Cost
- Cost factors are becoming more important



PTC role in Drug- Safety

Drug safety is the moral, legal and professional obligation of the pharmacist



PTC role in Drug- Safety



- **A qualified registered pharmacist supervises the pharmacy.**
- **Enough pharmacist for the 24 hour service of the pharmacy.**
- **Non professional in pharmacy – NOT PERMITTED**
- **Adequate and safe work space, safe storage facilities and equipment available in pharmacy**

PTC role in Drug- Safety

- **Automatic stop order regulation.**
- **Firm policy regarding the research drugs in the hospital.**
- **Drug formulary periodically updated / revised**
- **External use preparation and internal medicines are kept separately in pharmacy and nursing unit.**
- **Poisonous and non poisonous items are kept separately in pharmacy and nursing unit.**

PTC role in Drug- Safety

- **Manufacturing unit present, whether products are checked for accuracy and asepsis by chemical or bacteriological means**
- **Engaged in teaching programs.**
- **Regular inspection of the nursing unit for removing the deteriorated and outdated drugs, and check labels for legibility.**
- **Have enough library facility with sufficient books related to the pharmacy.**

Adverse Drug Reaction Reporting Policy

An **adverse drug reaction** (abbreviated **ADR**) is an expression that describes harm associated with the use of given medications at a normal dosage.

ADRs may occur following a single dose or prolonged administration of a drug or result from the combination of two or more drugs.

**ADR DETECTED BY THE
ATTENDING PHYSICIAN
FROM HIS WARD**

**REPORTED TO THE
CLINICAL
PHARMACOLOGIST OR
THE CHAIRMAN OF THE
PTC.**

**THE REPORTS ARE
DOCUMENTED**



Adverse Drug Reaction Report Form, XYZ Hospital

Name of the Patient:

Age:

Sex:

IP/OP no:

Ward:

1. **Suspected reaction, type of the reaction and time:**

2. **Suspected drug:**

3. **Prescribed drugs:**

Name of the drugs, strength	Dosage	Dose	Frequency	Time of administration
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4. **Reaction type:** **Mild** **Moderate** **Fatal**

5. **Treatment given:**

6. **Outcome: Recovered /In process/Not recovered**

Sign of the Physician In Charge

Documented by:



Drug Product Defect Reporting Policy

The drugs purchased by the hospital may be defective in quality. It is for the committee to get information about defective drug products and to inform the manufacturer for appropriate action.

If not corrected must be reported to health authorities

Mostly in case of drug supplied from manufacturer deviates from the normal standards

- 1. Inadequate packaging;**
- 2. Label is not legible, confusing or inadequate information**
- 3. Drug quantity or the content in the strip or bottle (fill or count of drugs) are inadequate;**
- 4. Contaminated/ deteriorated/ defective drug product**
- 5. Faulty administration devices/ drug delivering apparatus**

Drug Defect Report Form, XYZ Hospital

Name of the drug: (generic and trade name)

Dosage form:

Strength:

Batch number:

Manufacturing date:

Source of product (Purchased from):

Date of Receipt:

Manufacturers Name and Address:

Name and address of the Hospital:

Drug defect noted or suspected:

Reported by:

Chairman

Date :

Pharmacy and Therapeutics Committee

Role of PTC in Emergency Drug Lists

- **The emergency drug lists are containing the drugs for the emergency times and are readily available for use by the bedside.**
- **The PTC prepares the list of supplies and drugs to be available in the emergency box.**
- **Should be present in the emergency wards and special departments.**
- **The responsibility of the stock keeping / daily checking - pharmacist or the nursing supervisor**

SUPPLIES IN EMERGENCY BOX



- **Syringes: Insulin (2), 2 ml (2), 5 ml (2), 10 ml (1), 20 ml (1).**
- **Files for breaking ampoules**
- **Tourniquets**
- **Airway equipment**
- **Oxygen catheters**
- **Suction catheters**
- **Razor and blade**
- **Sterile gelatin sponge**
- **Resuscitation tube**
- **Oxygen equipment**
- **Burn sheets**

DRUGS FOR EMERGENCY BOX



- **Aminophylline 0.25 g/ml**
- **Atropine sulphate 0.4 mg/ml**
- **Digoxin 0.25/ml**
- **Ephinephrine HCl 1 mg/ml**
- **Heparin 10,000 units/ml**
- **Hydrocortisone 100 mg**
- **Mannitol injection 25 %**
- **Pentazocine**
- **Saline for injection 9%**
- **Water for injection 20 ml**

Role of PTC in Drug Utilization Review

Drug utilization includes prescribing, dispensing, administering and ingesting of prescription of drugs.

- Help in improved drug prescribing by promoting the safe and rational use of the drugs.
- Prevents drug - drug interactions.
- Adverse drug reaction detections
- Prevents IV incompatibilities.
- Detects drug induced diseases.
- Detect the drug induced toxicities.

Automatic Stop Orders for Dangerous Drugs

- All Drug Orders for narcotics, sedatives, hypnotics, anti coagulant and anti biotic shall be discontinued after 48 hours.
- All P.R.N and standing order for all medications except narcotics, sedatives and hypnotics expire at 10 am or an hour determined by the PTC