

Hospital Pharmacy standards: FIP BASEL STATEMENT

(P-1)

FIP Basel statements:

FIP is a global federation of national associations of pharmacists and pharmaceutical scientists.

It is active across all areas of pharmacy practice, pharmaceutical science and education, primarily through the work of member associations and dedicated volunteers.

- It initiates and implements numerous projects and programs to improve the responsible use of medicines.

Hospital pharmacists from around the world met in Basel, Switzerland in 2008 to discuss the future of hospital pharmacy hosted by FIP International (p. federation).

In 2014 they again gathered in Bangkok and launched an updated version of Basel Statement with 65 statements.

These statements cover following six main areas of hospital pharmacy:

1. Procurement

2. Influences on prescribing

3. Preparation and delivery of medications

4. Medication administration

5. Monitoring medication

6. Human resources and training

Hospital pharmacy standard (FIP Basel statements, AHSP).

Each pharmacy should plan for emergency medicine shortage and emergencies;

ie 7 rights.

Right Patient

Right Medicine

- 3. Right dose
- 4. Right route
- 5. Right information
- 6. Right Documentation
- 7. Right time

1. Procurement:-

- Hospital pharmacist should be involved in the procurement of medicines and health products, promoting equity and access to ensure transparent procurement.
- Procurement practices ensure quality assurance, principles, regularly reviewed and adapted to fit different settings and emerging needs in the most appropriate and cost-effective way.

2. Theme 2 Influences on Prescribing:-

- Hospital should utilize a medicine formulary system
- Hospital pharmacist should be key members of pharmacy and therapeutics committees to oversee all medicines management policies and procedures,
- Hos. pharmacists should be an integral part of the multidisciplinary team responsible for therapeutic decision making in all patient care areas.
- Hos. pharmacist should participate in collaborative prescribing.

Theme 3 Preparation and Delivery:-

- > should assume responsibility for storage, prep, dispensing and distribution of all medicines, including investigational medicines
- should be involved in determining which medicines are included in ward stock and standardizing the storage and handling of ward medicines.

- (123)
- Concentrated electrolytes products and other institutionally identified high risk medicines should be dispensed in ready to administer dilutions, and stored in secure, separate areas with distinct labels.
 - Hosp. pharmacist should develop simple, scales-based approaches to advancing patient safety

Theme: 4 Administration

- Hospital pharmacists should ensure that the information resources needed for safe medicines prep'n and admin'n are accessible at the point of care.
- H.P must see clinically relevant allergies, drug interactions, contraindications, past adverse events and other relevant medication history details are accurately recorded in a standard location in pt records and evaluated prior to medicine use.
- H.P should ensure that medicines are packaged and labeled to ensure identification.
- Hospital pharmacists should ensure that healthcare professionals who administer medicines are appropriately trained in their use, hazards, necessary precautions.
- Doses high risk medicines should be independently checked against the original prescription by at least two healthcare professionals, one of whom should be pharmacist, prior to administration.

Theme 5 Monitoring of Medicine Use

(P-4)

- Reports of defective or substandard medicines should be reviewed internally and sent in a timely manner to regional or national pharmacovigilance or regulatory reporting programs, and the manufacturer.
- An easily accessible reporting system for adverse drug rxn should be established and maintained.
- Reports of medication errors should be regularly reviewed to improve the quality and safety of medicine use practices.

Theme 6 Human Resources, Training and Development

- At a national level, competency frameworks are defined, established and regularly assessed.
- At a national level, hospital pharm. should engage health authorities to bring together stakeholders to collaboratively develop evidence based hospital pharmacy, human resource plans, to support responsible use of medicines including those in rural and remote areas.

ASHP American Society of Health-system pharmacists

- American society of " " have been formerly called as American Society of Hospital pharmacist.
- It is a professional organization that represents pharmacists who serve as patient care providers in hospitals and other health care settings.

Minimum Standard Required to the pharmacist

1. Proper knowledge and understanding of the health care institution and pharmacy department.
2. A complete knowledge and understanding of the duties and responsibilities of his position.
3. A working knowledge of the pharmaceutical medical terms, abbreviations and symbols regularly used in prescribing and dispensing.

- 1. A working knowledge of the general chemical and physical properties of all drugs handled in manufacturing and packaging operation in the pharmacy department.
- 5. A working knowledge of commonly used weight and volume equivalents and an ability to carry out the arithmetic calculations essential for the usual dosage determinations and solution preparation.
- 6. The ability to perform the important functions relating to drug purchasing and inventory control.
- A working knowledge of drug dosage, routes of admin. and dosage forms.
- The ability to perform the function relating to a unit dose drug dispensing system.
- A working knowledge of the procedures and techniques associated with the sterile manufacturing and parenteral mixture preparation.