

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**  
**2022-2024 Summary of Policy Revisions**

| Policy & Issue # | New | Major | Minor | Reviewed | Policy Title   | Explanation<br>(New and Major Revisions Only) |
|------------------|-----|-------|-------|----------|--|---|
|                  |     |       | X     |          | Index  |   |
| SECTION 1        |     |       |       |          | ADMINISTRATION   |   |
| 1.1 v4           |     |       | X     |          | Department Scope of Service                            |   |
| 1.2 v1           |     |       |       | X        | Mission Statement                                      |   |
| 1.3 v2           |     |       |       | X        | Review, Revisions, Approval of Policies and Procedures |   |
| 1.4 v2           |     |       | X     |          | Pharmacy Services - Definition                         |   |
| 1.5 v1           |     |       |       | X        | Statement of Standards and Service                     |   |
| 1.6 v1           |     |       |       | X        | Accountability   |   |
| 1.7 v1           |     |       |       | X        | Committee Membership                                   |   |
| 1.8              |     |       |       |          | "No Policy"  |   |
| 1.9 v3           |     |       | X     |          | Responsibility of the Director                         |   |
| 1.10             |     |       |       |          | "No Policy"  |   |
| 1.11 v1          |     |       |       | X        | Pharmacy Security                                      |   |
| 1.12             |     |       |       |          | "No Policy"  |   |
| 1.13 v2          |     |       | X     |          | Patient Care Area Inspections – Audit                  |   |
| 1.14 v1          |     |       |       | X        | Pharmacy Space   |   |
| 1.15 v1          |     |       |       | X        | Inservice Education                                    |   |
| 1.16 v1          |     |       |       | X        | Continuing Education                                   |   |
| 1.17 v2          |     |       | X     |          | Orientation - Pharmacy                                 |   |
| 1.18 v1          |     |       |       | X        | Orientation of Nursing Staff to Pharmacy               |   |
| 1.19 v1          |     |       |       | X        | Job Descriptions                                       |   |
| 1.20 v3          |     |       | X     |          | Computer Downtime Procedures                           |   |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**

**2022-2024 Summary of Policy Revisions**

| <b>Policy &amp; Issue #</b> | <b>New</b> | <b>Major</b> | <b>Minor</b> | <b>Reviewed</b> | <b>Policy Title</b>                      | <b>Explanation<br/>(New and Major Revisions Only)</b> |
|-----------------------------|------------|--------------|--------------|-----------------|--|---|
| 1.21 v2                     |            |              |              | X               | Performance Improvement                  |   |
| 1.22 v2                     |            |              |              | X               | Pharmacy Law - Federal State             |   |
| 1.23 v2                     |            |              |              | X               | Pharmacy PGY1 Residency Program          |   |
| 1.24 v3                     |            |              | X            |                 | Record Retention                         |   |
| 1.25 v3                     |            |              | X            |                 | Disaster Plan                            |   |
| 1.26 v1                     |            |              |              | X               | Staff Meetings                           |   |
| 1.27 v4                     |            |              | X            |                 | Pneumatic Tube System                    |   |
| 1.28 v2                     |            |              | X            |                 | Sick Call Coverage for Pharmacists       |   |
| 1.29 v2                     |            |              | X            |                 | Sick Call Coverage - Support Personnel   |   |
| 1.30 v2                     |            |              | X            |                 | Shift and Schedule Changes               |   |
| 1.31 v1                     |            |              |              | X               | Licensed Employee Theft or Impairment    |   |
| <b>SECTION 2</b>            |            |              |              |                 | <b>DEPARTMENTAL PERSONNEL</b>            |   |
| 2.1 v2                      |            |              | X            |                 | Use of Support Personnel                 |   |
| 2.2 v2                      |            |              | X            |                 | Telephone Use                            |   |
| 2.3 v4                      |            |              | X            |                 | User Access Levels                       |   |
| <b>SECTION 3</b>            |            |              |              |                 | <b>MEDICATION USE AND ADMINISTRATION</b> |   |
| 3.1 v2                      |            |              |              | X               | Pharmacy and Therapeutics Committee      |   |
| 3.2 v2                      |            |              |              | X               | Hospital Formulary                       |   |
| 3.3 v2                      |            |              | X            |                 | Additions to the Formulary               |   |
| 3.4 v2                      |            |              | X            |                 | Restricted Medication                    |   |
| 3.5 v1                      |            |              |              | X               | Therapeutic Substitution                 |   |
| 3.6 v1                      |            |              |              | X               | Medication Use Evaluations               |   |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**

**2022-2024 Summary of Policy Revisions**

| <b>Policy &amp; Issue #</b> | <b>New</b> | <b>Major</b> | <b>Minor</b> | <b>Reviewed</b> | <b>Policy Title</b>   | <b>Explanation<br/>(New and Major Revisions Only)</b> |
|-----------------------------|------------|--------------|--------------|-----------------|---|---|
| 3.7 v1                      |            |              |              | X               | New Drug Information  |   |
| 3.8 v2                      |            |              | X            |                 | Drug Information Services   |   |
| 3.9 v5                      |            |              | X            |                 | Medication Administration   |   |
| 3.10 v4                     |            |              | X            |                 | Reconciliation of Medication Profiles                             |   |
| 3.11 v3                     |            |              | X            |                 | Antimicrobial Stewardship   |   |
| <b>SECTION 4</b>            |            |              |              |                 | <b>PRESCRIBER ORDERS</b>  |   |
| 4.1 v4                      |            |              | X            |                 | Administration and Ordering Privileges - Requirement              |   |
| 4.2 v4                      |            |              | X            |                 | Interpretation and Verification of Orders - Direct Copy           |   |
| 4.3 v3                      |            |              | X            |                 | Preprinted orders   |   |
| 4.4 v2                      |            |              | X            |                 | Identification of Prescriber Signature                            |   |
| 4.5                         |            |              |              |                 | "No Policy"   |   |
| 4.6 v6                      |            |              | X            |                 | Pediatric Medications   |   |
| 4.7 v3                      |            |              | X            |                 | Medication Orders for the NICU                                    |   |
| <b>SECTION 5</b>            |            |              |              |                 | <b>DRUG ORDERING, PREPARATION, DISPENSING, AND ADMINISTRATION</b> |   |
| 5.1 v3                      |            |              | X            |                 | Automatic Stop Orders   |   |
| 5.2 v3                      |            |              | X            |                 | Self-Administration (Bedside Medications)                         |   |
| 5.3 v2                      |            |              | X            |                 | Metric System   |   |
| 5.4 v2                      |            |              | X            |                 | Dispensing Inpatient Medications                                  |   |
| 5.5 v2                      |            |              | X            |                 | Drug Allergy Information  |   |
| 5.6                         |            |              |              |                 | "No Policy"   |   |
| 5.7 v2                      |            |              | X            |                 | Generic Drug Dispensing   |   |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**  
**2022-2024 Summary of Policy Revisions**

| <b>Policy &amp; Issue #</b> | <b>New</b> | <b>Major</b> | <b>Minor</b> | <b>Reviewed</b> | <b>Policy Title</b>  | <b>Explanation<br/>(New and Major Revisions Only)</b> |
|-----------------------------|------------|--------------|--------------|-----------------|--|---|
| 5.8 v2                      |            |              | X            |                 | Estrogen Patient Package Insert                                    |   |
| 5.9 v2                      |            |              | X            |                 | Identification of Unauthorized Drugs                               |   |
| 5.10 v2                     |            |              | X            |                 | Transitions of Care Medication Management                          |   |
| 5.11 v2                     |            |              | X            |                 | Medication Transfers   |   |
| 5.12 v2                     |            |              | X            |                 | Patient Profiles - Drug Therapy Monitoring Services                |   |
| 5.13 v3                     |            |              | X            |                 | Dispensing and Compounding   |   |
| 5.14 v2                     |            |              | X            |                 | Transporting Medication to Units                                   |   |
| 5.15 v3                     |            |              | X            |                 | Emergency Department Outpatient Dispensing                         |   |
| 5.16 v2                     |            |              | X            |                 | Labeling   |   |
| 5.17 v3                     |            |              | X            |                 | Labels - Inpatient   |   |
| 5.18 v3                     |            |              | X            |                 | Labels - Outpatient  |   |
| 5.19 v3                     |            |              | X            |                 | Discharge Medications  |   |
| 5.20                        |            |              |              |                 | "No Policy"  |   |
| 5.21 v4                     |            |              | X            |                 | Medications Brought In By the Patient                              |   |
| 5.22                        |            |              |              |                 | "No Policy"  |   |
| 5.23 v2                     |            |              | X            |                 | Disposition of Outdated, Contaminated, or Discontinued Medications |   |
| 5.24 v3                     |            |              | X            |                 | Expired Medications Monitoring                                     |   |
| 5.25 v5                     |            |              | X            |                 | Storage of Drugs and Biologicals                                   |   |
| 5.26 v1                     |            |              | X            |                 | Multi-Dose and Single-Dose Vials                                   |   |
| 5.27 v3                     |            |              | X            |                 | Food-Drug Interactions   |   |
| 5.28 v2                     |            |              | X            |                 | Unit-Dose Packaging  |   |
| 5.29 v1                     |            |              | x            |                 | Light-Sensitive Medications  |   |

**ARROWHEAD REGIONAL MEDICAL CENTER  
DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES  
2022-2024 Summary of Policy Revisions**

| Policy & Issue # | New | Major | Minor | Reviewed | Policy Title  | Explanation<br>(New and Major Revisions Only)  |
|------------------|-----|-------|-------|----------|---|--|
| 5.30             |     |       |       |          | "No Policy"   |  |
| 5.31 v1          |     |       | X     |          | Anesthesia and Specialty Care Exchange Trays            |  |
| 5.32 v4          |     |       | X     |          | Transport boxes   |  |
| 5.33 v4          |     |       | X     |          | Medication Administration Times                         |  |
| 5.34 v1          |     | X     |       |          | Procedure for Returning Outpatient Medications to Stock | Policy moved. See 16.16 v1   |
| 5.35 v10         |     |       | X     |          | High Alert Medications                                  |  |
| 5.36 v6          |     |       | X     |          | Anticoagulation Therapy                                 |  |
| 5.37 v2          |     |       | X     |          | Risk Evaluation and Mitigation Strategy (REMS)          |  |
| 5.38             |     | X     |       |          | Emergency Medications for Staff                         | Retired or Deleted – Arrowhead Regional Medical Center (ARMC) does not provide medication to staff.    |
| 5.39 v2          |     |       | X     |          | Look Alike and Sound Alike Medications                  |  |
| 5.40 v3          |     |       | X     |          | Titrate and Taper Medication Orders                     |  |
| 5.41 v1          |     |       | X     |          | As Needed (PRN) Medication Orders                       |  |
| 5.42 v1          |     | X     |       |          | Drug Shortages  | Policy moved. See 9.12 v1  |
| 5.43             |     |       |       |          | "No Policy"   |  |
| 5.44 v1          |     |       | X     |          | Adult Vancomycin Dosing Protocol                        |  |
| 5.45 v1          | X   |       |       |          | Parenteral Nutrition                                    | Provides for ordering, preparing, distributing, administering, and monitoring of parenteral nutrition. |
| SECTION 6        |     |       |       |          | COMPOUNDED STERILE PREPARATIONS (CSPs)                  |  |
| 6.1              |     |       |       |          | "No Policy"   |  |
| 6.2              |     |       |       |          | "No Policy"   |  |
| 6.3 v6           |     | X     |       |          | Handling of Hazardous Drugs                             | Updated for United States Pharmacopeia (USP) 800:  |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**  
**2022-2024 Summary of Policy Revisions**

| Policy & Issue # | New | Major | Minor | Reviewed | Policy Title  | Explanation<br>(New and Major Revisions Only)   |
|------------------|-----|-------|-------|----------|---|---|
|                  |     |       |       |          |   | Hazardous Drugs – Handling in Healthcare Settings standards that became applicable 11/1/2023. Includes new Assessment of Risk and Drug Containment information. |
| 6.4-6.6          |     |       |       |          | “No Policy”   |   |
| 6.7 v4           |     | X     |       |          | Aseptic Technique                                   | Updated for USP 797: Compounded Sterile Preparations standards that became applicable 11/1/2023. Details clean room aseptic technique.                          |
| 6.8 v3           |     | X     |       |          | Cleaning, Decontaminating, and Disinfecting Program | Updated for USP 797 including having a designated compounding pharmacist and cleaning process.  |
| 6.9 v2           |     | X     |       |          | Cleanroom Attire                                    | Updated for USP 797 including garbing and removal of garb.  |
| 6.10 v4          |     | X     |       |          | Sterile Compounding Quality Assurance               | Updated for USP 797 including quality assurance testing, beyond-use dating, and processes for drug compounding and storage.                                     |
| <b>SECTION 7</b> |     |       |       |          | <b>INVESTIGATIONAL DRUGS</b>                        |   |
| 7.1 v3           |     |       |       | X        | Investigational Drugs                               |   |
| 7.2 v2           |     |       |       | X        | Investigational Drugs - Usual Use or Indication     |   |
| <b>SECTION 8</b> |     |       |       |          | <b>CONTROLLED SUBSTANCES</b>                        |   |
| 8.1 v3           |     |       | X     |          | Administration of Controlled Substances             |   |
| 8.2 v3           |     |       | X     |          | Controlled Substances                               |   |
| 8.3 v2           |     |       | X     |          | Controlled Substances Inventory - Nursing           |   |
| 8.4 v3           |     |       |       | X        | Controlled Substances - Random Audit                |   |
| 8.5              |     |       |       |          | “No Policy”   |   |

**ARROWHEAD REGIONAL MEDICAL CENTER  
DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**

**2022-2024 Summary of Policy Revisions**

| <b>Policy &amp; Issue #</b> | <b>New</b> | <b>Major</b> | <b>Minor</b> | <b>Reviewed</b> | <b>Policy Title</b>                                       | <b>Explanation<br/>(New and Major Revisions Only)</b>   |
|-----------------------------|------------|--------------|--------------|-----------------|---|---|
| 8.6 v3                      |            |              | X            |                 | Controlled Substances - Pharmacy Dispensing and Inventory |   |
| 8.7                         |            |              |              |                 | "No Policy"   |   |
| 8.8 v2                      |            |              |              | X               | Controlled Substances Diversion                           |   |
| <b>SECTION 9</b>            |            |              |              |                 | <b>PHARMACEUTICAL PURCHASING</b>                          |   |
| 9.1 v2                      |            |              |              | X               | Procurement of Medications and Biologicals                |   |
| 9.2 v2                      |            |              |              | X               | Procurement of Medications from Outside Pharmacies        |   |
| 9.3 v1                      |            |              |              | X               | Procurement of Medications from Other Hospitals           |   |
| 9.4 v3                      |            |              |              | X               | Drug Recalls  |   |
| 9.5                         |            |              |              |                 | "No Policy"   |   |
| 9.6 v2                      |            |              | X            |                 | Pharmaceutical Samples                                    |   |
| 9.7 v2                      |            |              |              | X               | 340B Drug Pricing Program                                 |   |
| 9.8 v2                      |            |              |              | X               | Patient Assistance Programs - Bulk Replacement            |   |
| 9.9 v2                      |            |              |              | X               | Receiving of Medication Shipments                         |   |
| 9.10 v1                     |            |              |              | X               | Drug Supply Chain Security Act                            |   |
| 9.11 v1                     | X          |              |              |                 | External Supplied Medications                             | Ensures administered medications at ARMC were acquired from appropriate sources. Medications brought into ARMC from outside pharmacies "white bagging" and/or patients "brown bagging" may pose a risk to patient safety. |
| 9.12 v1                     |            | X            |              |                 | Drug Shortages  | Previously 5.42 v1  |
| <b>SECTION 10</b>           |            |              |              |                 | <b>ADVERSE DRUG REACTIONS AND MEDICATION ERRORS</b>       |   |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**  
**2022-2024 Summary of Policy Revisions**

| Policy & Issue # | New | Major | Minor | Reviewed | Policy Title  | Explanation<br>(New and Major Revisions Only) |
|------------------|-----|-------|-------|----------|---|---|
| 10.1 v2          |     |       |       | X        | Suspected Adverse Drug Reaction Reporting               |   |
| 10.2 v4          |     |       |       | X        | Medication Errors                                       |   |
| SECTION 11       |     |       |       |          | CRASH CARTS   |   |
| 11.1 v1          |     |       |       | X        | Emergency Drug Supply (Crash Carts)                     |   |
| SECTION 12       |     |       |       |          | FLOOR STOCK   |   |
| 12.1 v1          |     |       |       | X        | Floor Stock Medications                                 |   |
| SECTION 13       |     |       |       |          | PHARMACEUTICAL CARE                                     |   |
| 13.1 v2          |     |       | X     |          | Clinical Pharmacy Services                              |   |
| 13.2 v2          |     |       | X     |          | Clinical Pharmacy Services – Competency Assessment      |   |
| 13.3 v2          |     |       | X     |          | Patient Assessment and Reassessment on Order Processing |   |
| 13.4 v2          |     |       | X     |          | Intravenous to Oral Conversion                          |   |
| SECTION 14       |     |       |       |          | ABBREVIATIONS   |   |
| 14.1 v3          |     |       | X     |          | Abbreviations   |   |
| SECTION 15       |     |       |       |          | POISON AND ANTIDOTE INFORMATION                         |   |
| 15.1 v2          |     |       | X     |          | Poisons and Antidote Information                        |   |
| SECTION 16       |     |       |       |          | OUTPATIENT PHARMACY                                     |   |
| 16.1 v2          |     |       |       | X        | Outpatient Records                                      |   |
| 16.2 v1          |     |       |       | X        | Identification Requirements - Outpatient Prescriptions  |   |
| 16.3 v3          |     |       | X     |          | Patient Counseling on Outpatient Medications            |   |
| 16.4 v2          |     |       |       | X        | Back-up for Outpatient Computer System                  |   |
| 16.5 v4          |     |       |       | X        | Reboot Procedure for Outpatient System (FSI)            |   |



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**

**2022-2024 Summary of Policy Revisions**

| Policy & Issue #  | New | Major | Minor | Reviewed | Policy Title  | Explanation<br>(New and Major Revisions Only)        |
|-------------------|-----|-------|-------|----------|---|--|
| 16.6 v3           |     | X     |       |          | Medication Restock - Optifill   | Retired or Deleted; Optifill system has been removed |
| 16.7 v1           |     | X     |       |          | Optifill Setup  | Retired or Deleted; Optifill system has been removed |
| 16.8 v2           |     |       | X     |          | Exemption 11159.2 Guidelines - Guidelines For Filling Schedule II Prescriptions for Patients Who Are Terminally Ill |  |
| 16.9 v2           |     |       | X     |          | Discharge Medication Processing   |  |
| 16.10 v1          |     | X     |       |          | Quality Assurance – Optifill System   | Retired or Deleted; Optifill system has been removed |
| 16.11 v1          |     |       |       | X        | Outpatient Prescriptions for Non-ARMC Patients  |  |
| 16.12 v2          |     |       |       | X        | Medication Dispensing for Correctional Facilities   |  |
| 16.13 v2          |     |       |       | X        | Information Privacy, Security & HIPAA Compliance  |  |
| 16.14 v1          |     |       |       | X        | User Access for Pharmacy Systems  |  |
| 16.15 v1          |     |       |       | X        | HIPAA Audit Trail Review Process For the FSI System   |  |
| 16.16 v1          |     | X     |       |          | Procedure for Returning Outpatient Medications to Stock   | Formerly 5.34 v1                                     |
| <b>SECTION 17</b> |     |       |       |          | <b>DISPOSAL</b>   |  |
| 17.1 v2           |     |       |       | X        | Biological Drugs Disposal   |  |
| 17.2 v1           |     |       |       | X        | Infectious Waste Disposal   |  |
| 17.3 v4           |     |       | X     |          | Pharmaceutical Waste  |  |
| 17.4 v2           |     |       |       | X        | Hazardous Waste Disposal  |  |
| <b>SECTION 18</b> |     |       |       |          | <b>QUALITY CONTROL</b>  |  |
| 18.1 v2           |     |       |       | X        | Quality Assurance Audit - Automated Dispensing System   |  |
| 18.2              |     |       |       |          | “No Policy”   |  |

**ARROWHEAD REGIONAL MEDICAL CENTER**  
**DEPARTMENT OF PHARMACY SERVICES POLICIES AND PROCEDURES**

**2022-2024 Summary of Policy Revisions**

| <b>Policy &amp; Issue #</b> | <b>New</b> | <b>Major</b> | <b>Minor</b> | <b>Reviewed</b> | <b>Policy Title</b>   | <b>Explanation<br/>(New and Major Revisions Only)</b> |
|-----------------------------|------------|--------------|--------------|-----------------|---|---|
| 18.3 v1                     |            |              |              | X               | Quality Assurance Audit - Medication Administration and Documentation |   |
| 18.4 v1                     |            |              |              | X               | Pharmacy Quality Assurance Program - Medication Errors                |   |
| <b>SECTION 19</b>           |            |              |              |                 | <b>INFECTION CONTROL</b>  |   |
| 19.1 v3                     |            |              | X            |                 | Pharmacy Department Infection Control Manual (IV Additive Service)    |   |
| <b>SECTION 20</b>           |            |              |              |                 | <b>FIRE AND SAFETY</b>  |   |
| 20.1 v4                     |            |              | X            |                 | Safety Manual   |   |
| 20.2 v3                     |            |              |              | X               | Basic Safe Practices  |   |
| 20.3 v3                     |            |              | X            |                 | Fire Safety Responsibilities  |   |
| 20.4 v4                     |            |              | X            |                 | Material Safety Data Sheets   |   |
| 20.5 v2                     |            |              |              | X               | Flammable Agents Storage  |   |
| 20.6 v3                     |            |              | X            |                 | Disaster Notification - Telephone Call Back Numbers                   |   |
| 20.7 v4                     |            |              | X            |                 | Disaster Plan   |   |
| 20.8 v3                     |            |              |              | X               | Code Pink Response  |   |
| 20.9 v2                     |            |              | X            |                 | Latex-Free Policy   |   |
| <b>SECTION 21</b>           |            |              |              |                 | <b>AUTOMATED DRUG DELIVERY SYSTEM (ADDS)</b>                          |   |
| 21.1 v4                     |            |              | X            |                 | Automated Drug Delivery System  |   |
| 21.2 v3                     |            |              | X            |                 | Controlled Substance Discrepancy Resolution                           |   |
| <b>SECTION 22</b>           |            |              |              |                 | <b>MEDICATION PRICING</b>   |   |
| 22.1 v4                     |            |              | X            |                 | Pricing Policy  |   |
| 22.2 v4                     |            |              | X            |                 | Medication Return to Stock  |   |