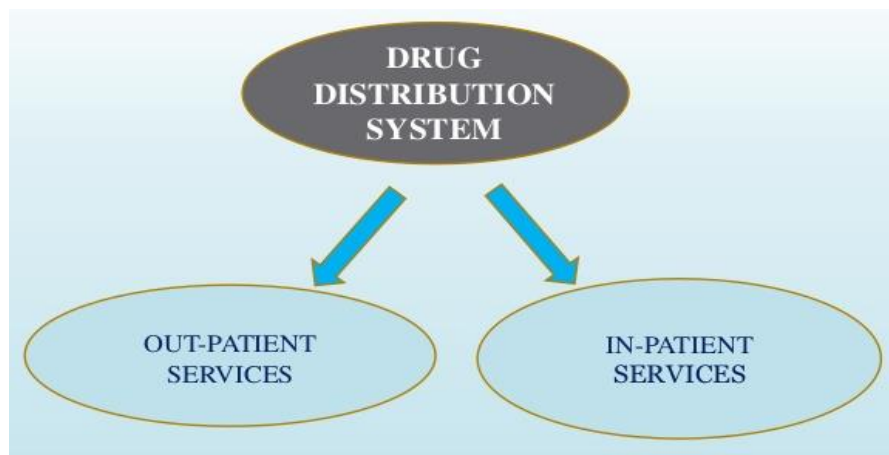




DRUG DISTRIBUTION SYSTEMS IN HOSPITALS

Drug distribution is defined as, “Physical transfer of drugs from storage area in the hospital to the patient’s bedside”. This involves two types of drug distribution. They are:

- In-patient distribution
- Out-patient distribution



INPATIENT DISTRIBUTION

- The drug distribution to the in patient department can be carried out from the out patient dispensing area.
- The pharmacists involved in dispensing the drugs for out patient can dispense drugs for in patients too.
- The pharmacist employed for drug distribution to the in patient wards should be well skilled and qualified staff.

OUTPATIENT DISTRIBUTION

- Out patient refers to the patients not occupying beds in hospital or in clinics, health centres and other places where out patients usually go for health care.
- No medicaments should be issued without the prescription.
- After the issue has been made the quantities supplied must be recorded.
- In short form the out patient department was called as OPD.

IN PATIENT



OUT PATIENT



TYPES OF DRUG DISTRIBUTION SYSTEMS:

There are four different systems in use for drug distribution in hospitals:

- Individual prescription order system
- Complete floor stock system
- Combination of individual prescription and floor stock system
- Unit dose system

INDIVIDUAL PRESCRIPTION ORDER SYSTEM:

- It is a type of drug distribution system wherein physician writes the prescription for individual patient who obtains the drugs prescribed from any medical store or hospital dispensary by paying own charges.
- This system is generally used by the small and/or private hospitals because of the reduced man power requirements and desirability for individualised service.

ADVANTAGES:

- All medication orders are directly reviewed by pharmacist.
- It provides the interaction of pharmacist, doctor, nurse & the patient.
- It provides clear inventory control.

DISADVANTAGES:

- Wrong errors, illegible writings of the physicians.
- Physician may write high economic drugs in the prescription or cost effective drugs.

FLOOR STOCK SYSTEM:

- Drugs are given to the patient from the nursing station& the pharmacy supplies from the drug store.
- The way of floor-stock distribution includes 2 types They are:
 - 1) Charged floor-stock system
 - 2) Uncharged floor-stock system

Charged floor stock system:

- In this method medicines which are stocked in the nursing stations all the times& charged to the patients account after administered to them.
- The patient is charged for every single dose administered to him.
- Once the floor-stock list is prepared it is the responsibility of the hospital pharmacist to make the drugs available.

Non charged floor-stock system:

- These system includes the medicaments placed in the nursing station that are used by all the patients on the floor.
- There shall be no direct charge from the patients account.

COMBINATION OF INDIVIDUAL PRESCRIPTION AND FLOOR STOCK SYSTEM:

- This system is followed by all government hospitals and also private hospitals those run on the basis of no -profit and no loss.
- Surgical items are given to the patients, who purchases and deposit those items in a hospital wards on rooms under the supervision of registered headness.

UNIT DOSE SYSTEM:

- Those medications ordered, stored, packed, handed, administrated and charged in multiples of single does units containing a predetermined amount of a drug or supply sufficient for one regular dose.
- A single unit package is one which contain one complete pharmaceutical dosage form.
- Ex- 1 tablet or 1 capsule.

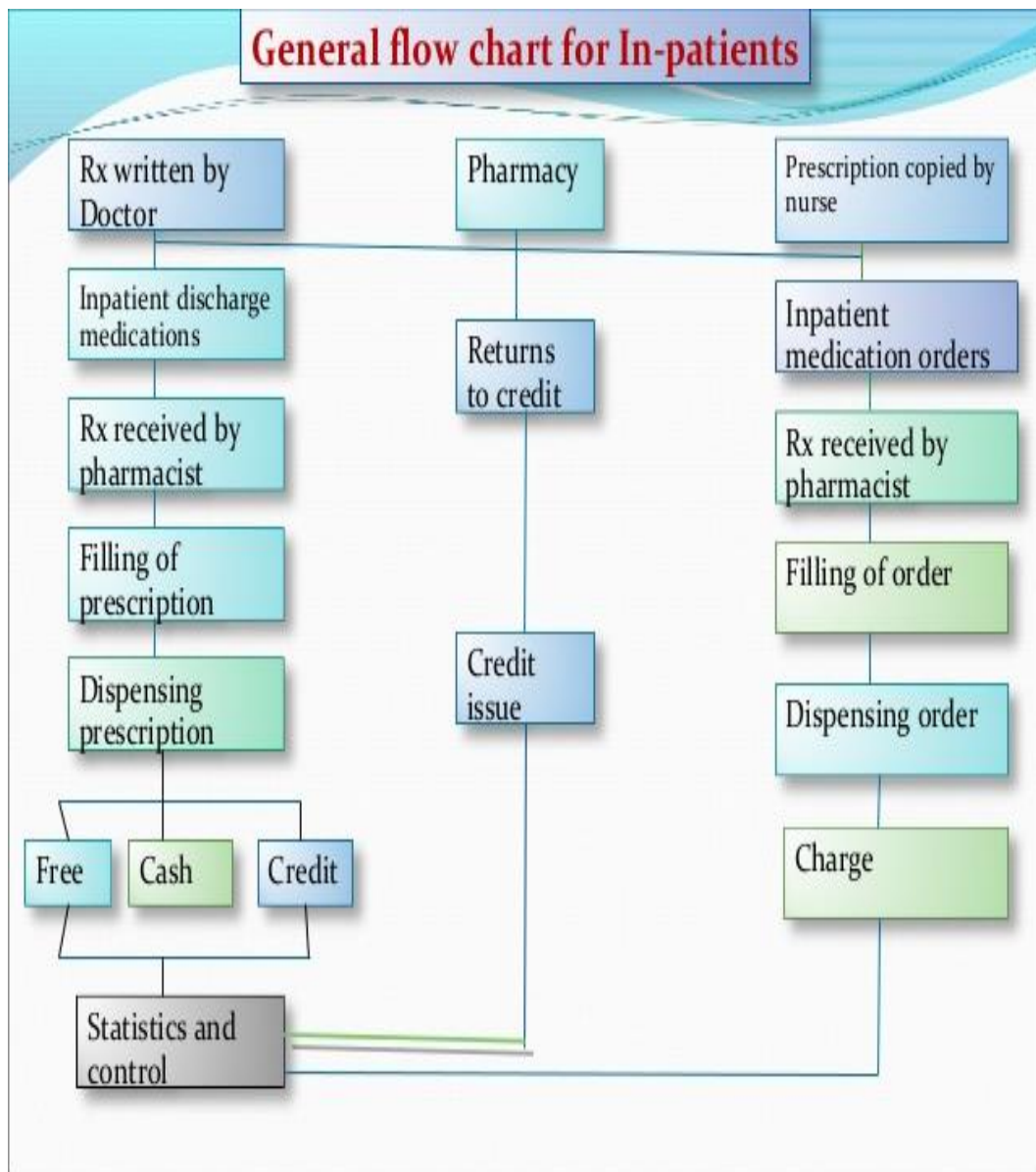
ADVANTAGES

- Better financial control
- It prevents loss of partially used medications.
- Does not require storage facilities at nursing stations.

DISADVANTAGES:

- Irregular dosage
- skill physician is required for administration of drug.
- Regular monitoring is required.

General flow chart for In-patients



Out Patient Activity Chart

