



Pharmacy and Therapeutic Committee

Definition:

It is a committee formed by a group of physicians, pharmacists, medical staff and other healthcare professionals, who formulate the policies regarding the therapeutic use of drugs.

Members of PTC:

COMPOSITION & ORGANISATION OF PTC

1. At least three physicians
2. A pharmacist
3. A nursing staff member
4. A hospital administrator
5. An ex-officio member of committee

Role of PTC:

PTC has a dual role in the hospital.

1. **Advisory:** PTC assists in the formulation of professional policies regarding evaluation, selection and therapeutic use of drugs.
2. **Educational:** It assists in various functions designed to meet educational leads of professional staff, physicians, nurses, pharmacists and others for the knowledge of matters pertaining to drugs.

Functions and objectives:

- To serve as the advisory council to the medical staff and administrative persons related to the use of drugs.
- To compile and develop a formulary of drugs, prescriptions and selected items based on the therapeutic use, safety, cost, etc.
- It recommends written policies and procedures for selection, procurement, storage, distribution and use of drugs.
- To establish suitable educational schemes for the hospital professionals related to the usage of drugs.
- To study problems related to the distribution and administration of the drugs.
- To make recommendations concerning to drugs to be stopped inwards and emergencies.
- To advise the pharmacy in the implementation of effective drug distribution and controlled procedures.

There are six primary functions of Pharmacy & Therapeutic committee. They are

1. ADR MONITORING & ROLE OF PTC IN ADR MONITORING:

Adverse drug reaction is a noxious, unintended reaction of a drug which occurs at normal doses. The cause of it must be thoroughly investigated to prevent such reactions in other patients.

PTC is responsible for monitoring the drug use, to prevent ADR if any and to report the authorities to avoid such ADRs in future. In order to do that efficiently, PTC issues a set of guidelines to the medical, paramedical staff of a hospital with ADR reporting form.

ADR problem can be solved at two levels.

1. By preventing when they occurred in the past
2. To treat them when they have occurred.

All ADR details are reported in ADR reporting form.

An ADR is first reported to the dean or the director of the hospital, then to the reporting authorities of state and central government followed by the state drugs control authorities.

The Drug may be withdrawn from the market on order of drugs control department and other medical fraternity.

RUDRA'S HOSPITAL, VISAKHAPATNAM	
ADVERSE DRUG REACTION REPORTING FORM	
1. Ref No: _____	Date: _____
2. Patient name: _____	
3. Age: _____	Sex: _____
4. Hospital OP/IP/Reg No: _____	
5. Disease reported & diagnosed: _____	
6. Details of treatment: _____	
7. Drug suspected to have produced ADR: _____	
8. Details about drug - Mfg Date: _____	
Exp Date: _____	
Manufacturer Address: _____	
9. Reaction Detail: _____	
10. Step taken to treat ADR: _____	
11. Drug in question: _____	Prescribed By: _____
12. Administered by: _____	Other Information: _____
13. Dept/Ward: _____	
SIGNATURE OF PHYSICIAN	

2. DRUG PRODUCT DEFECT REPORTING:

A drug is called defective if its packing is inadequate, has confusing labels, is deteriorated or contaminated, is manufactured as a defective dosage form, fill or crown of a drug is inaccurate, faulty drug delivery apparatus etc, These defects are generally due to human errors, machine error or errors in developing techniques. Such defects should be detected by a pharmacist or nurse before it reaches the patients.

The model form of reporting the defective drug product should be filled and sent to manufacturing authorities. Post detection, the report should be sent to the manufacturers, followed by the authorities. Physical inspection of entire lot or batch of the product supplied to the hospital must be performed and necessary action must be taken.

RUDRA'S HOSPITAL, VISAKHAPATNAM

DRUG PRODUCT DEFECT REPORTING FORM

1. Reference no: _____ Date: _____
2. Name of the drug: _____
3. Dosage form & Strength: _____
4. Batch No: _____ Mfg Date: _____ Exp Date: _____
5. Manufacturer Name & Address: _____
6. Date of purchase: _____
7. Name of supplier & Address: _____
8. Defects noted / suspected: _____
9. Reported By (Name & Designation): _____
10. Signature: _____
11. Dept/Ward: _____

SIGNATURE OF INCHARGE

3. PSYCHOTROPIC DRUG USE:

Psychotropic drugs are those, which on longer use produce dependence or addiction and hence these are dangerous to patients as well as the society. These are also called as dangerous drugs. PTC develops guidelines to purchase, store, dispense and proper administration of these drugs. The procedure for this is as per 'Narcotic and Psychotropic substances Act'.

PTC ensures strict adherence to the above act by the hospital staff. In some hospitals automatic "stop orders" are in force whereby, all drug orders for narcotics, sedatives and hypnotics shall be automatically discontinued after 48hrs. "Stop Orders" will be in action when there is a misuse or mislead of drug use exceeding the guidelines. Narcotic drug usage shall not be stopped unless-

1. Order indicates exact no of doses to be given to a patient
2. Exact period of time for the medication is specified
3. Attending physician should record the medications given to the patient.

4. EMERGENCY DRUGS:

Emergency drugs are the list of medicines which are needed in medical emergencies. PTC prepares the list of drugs and other supplies to be made available in the emergency boxes.

These boxes are kept in all important places in the hospital and given in charge of pharmacists or nursing supervisors of the hospital.

As these medicines are available by the side of beds, they are referred to as bedside pharmacies. Emergency cupboards and boxes are kept in wards or departments of radiology.

It is mandatory that a pharmacist or nursing supervisor should check daily whether there is the constant number of drugs in emergency boxes.

Usually, some 20-30 important life-saving drugs, 10-15 surgical instruments, and dressings including syringes are made available in the boxes. The list may vary and depends on the need of the hospital.

LIST OF EMERGENCY DRUGS:	
<ul style="list-style-type: none">• Aminophylline• Amphetamine Sulphate• Amylnitrite Inhalations• Atropine Sulphate• Caffeine Sodium Benzoate• Calcium Gluconate• Chloropheneramine• Digoxin• Diphenyl Hydantoin Sodium• Phenylephrine• Epinephrine• Heparin• Hydrocortisol	<ul style="list-style-type: none">• Isoproterenol• Magnesium Sulphate Injection• Mannitol Injection• Nalorphine• Neostigmine• NorEpinephrine• Phenobarbital• Pentobarbital• Picrotoxin Injection• Procainamide• Protamine Injection• Saline for Injection• Water for Injection
LIST OF PHARMACEUTICAL AIDS:	
<ul style="list-style-type: none">• Syringes of all sizes – 2 each• Needles of all sizes• venous cannulisation• Oxygen catheters• Urine catheters• sterile suction catheters	<ul style="list-style-type: none">• Razors with blades,• Sterile gelatin sponge,• Resuscitation tube,• Oxygen equipment,• Burn sheets,• Surgical instruments like scissors, forceps etc

5. DRUG UTILIZATION REVIEW:

Drug utilization includes prescribing, dispensing, administration of prescribed drugs. Drug utilization review should be organized in a hospital by PTC and it is controlled by the hospital formulary department.

Obtaining the medical history and patient medication profile are the two activities useful to the pharmacists to monitor drug utilization in the hospital.

Medication histories of in-patients are accomplished by personal interview or through a computerized questionnaire. The information is also obtained from patients' helper or family members in case the patient's condition is not cooperative.

During interview all the information regarding allergies, idiosyncratic reactions towards food products, lab tests, other ADRs of the drug. This information is passed onto the physician for early correct diagnosis and prescribing.

RUDRA'S HOSPITAL, VISAKHAPATNAM							
PATIENT MEDICATION PROFILE							
1. No: _____				Date: _____			
2. Patient name: _____							
3. Age: _____		Sex: _____					
4. Address: _____							
5. Hospital OP/IP/Reg. No: _____							
6. Date of Admission: _____							
7. Diagnosis on admission: _____							
8. Other pathology: _____							
<u>DRUG PROFILE</u>							
Date	Name of the Drug	Dose	Route	Started on	Stopped on	Remarks	Pharmacist Initials
Discharged on: _____				SIGNATURE OF CHIEF PHARMACIST			

These services will be useful in the case of patients who require long time therapy and those who continue treatment from their home as outpatient ie diabetes, hypertension, asthma, epilepsy, tuberculosis etc.

6. PTC AND SAFE USE OF DRUGS:

Day by day lots of new drugs are introduced by hundreds of manufacturers, increasing the scope for errors in prescription writing, dispensing and administration of new drugs poses a great problem to the pharmacist especially when the chances of drug interaction, ADR & other problems are relatively unknown for a new drug. Hence PTC formulates many policies and guidelines to be followed by all professional while handling both the new drugs and existing drugs.

PTC forms sub-committees if needed to formulate policies regarding rational therapy for special groups based on pharmacological actions. Examples are,

