

**Bon Secours Richmond Health System
Pharmacist Clinical Initiatives**

Mandatory Clinical Duties:

1. Pharmacokinetic dosing as requested by the physician
 - a. Vancomycin, tobramycin, gentamicin
 - b. This will require standardization to pulse dosing for aminoglycosides across all 4 sites.
2. Medication dosing as requested by the physician
3. Chemotherapy review for appropriate use and dosing
 - a. All orders will be double checked and protocols will be verified by literature review.
 - b. Outpatient scheduling needs to be available- this will require administrative support
 - c. A notebook will be maintained at each care center containing common chemotherapy protocols
4. TPN checks
 - a. This includes a double check of computer order entry by 2 pharmacists.
 - b. If only one pharmacist is available, call one of the other sites for the double check.
5. Pediatric dosing
 - a. This will include the NICU.
 - b. We will need a policy and procedure and more data to be able to check pediatric dosing in the ED and OR.
 - c. All orders will be double checked by 2 pharmacists. (This may cause an issue for night shift pharmacists.)
6. Dosing at the time of order entry
 - a. Digibind
 - b. Xigris dosing and drug utilization evaluation
 - c. Epoetin dosing and hemoglobin monitoring
7. Non-formulary review
 - a. Education is required.
 - b. A simple algorithm will be used for each non-formulary drug request.

8. Therapeutic interchange/automatic substitution
 - a. Education is required with increased awareness of the list of P&T approved autosubstitutions.
 - b. Vinod will set these up in the pharmacy system as an automatic switch upon order entry to a formulary substitution.

Daily Clinical Duties:

1. Daily review of renal function versus medication profile
 - a. Anthony will generate reports from SMS (of a designated range of CrCls) that could help target patients who need dosage adjustments.
 - b. Medstorm?
2. Targeted IV to PO conversion
 - a. A standardized list of drugs will be made available.
 - b. An attempt to obtain P&T approval for automatic IV to PO substitutions will be made.
3. Enoxaparin dosing/review
 - a. This will include reviewing for appropriate indication, adjusting for renal dysfunction, and whether the drug is being used for treatment or prophylaxis.
 - b. Education needs to be provided to the physicians regarding the use of this medication.
4. Critical care rounds
 - a. This will be an issue with the large volume at SMH and the increasing volume at MRMC and SFMC.
 - b. These are time-consuming.
 - c. The pharmacists need access to the physician's rounds reports (medication profile, lab tests, procedures, etc.) and need to review these prior to attending rounds.
 - d. Please see attached critical care rounding model.
5. Coumadin dosing
 - a. May be mandatory if the physician writes an order
 - b. May want to limit to certain patient populations (i.e. ortho)
6. Attend NICU rounds
 - a. Now being done once per week if at all.
 - b. Do the double checks cover this? Should these be attended more often or not at all?
 - c. Please see attached critical care rounding model.
7. ADR reporting

Critical Care Rounds Model

The pharmacist needs to print the physician's rounds reports for each patient and review prior to attending rounds.

The following clinical initiatives should be accomplished if applicable:

- Renal and hepatic drug dosing
- Antibiotic reconciliation with culture and sensitivity results
- Identification of pertinent drug-drug interactions
- Ensuring that the patient is on appropriate DVT prophylaxis and stress ulcer prophylaxis
- Clarifying drug orders
- Providing drug information
- Therapeutic drug monitoring
- Suggesting alternative therapies, routes of administration, or dosage forms.
- Adverse drug event reporting
- Serious adverse drug reaction reporting

NICU rounds will include all of the above, as well as the following:

- Assessment of fluid concentrations in relation to the patient's volume status