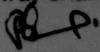
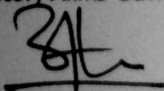



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Policy on Purchase, Storage, Prescription and Dispensation of Medications

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
**GUWAHATI**



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| <b>Document Name:</b>              | Policy on Purchase, Storage, Prescription and Dispensation of Medications   |
| <b>Document No.:</b>               | E/NABH /AIIMSGHY/ MOM1/ 08  |
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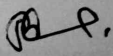
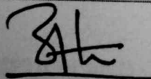
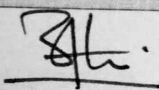


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### Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

| Preparation   | Approval  | Issue   |
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## **POLICY ON PURCHASE, STORAGE, PRESCRIPTION AND DISPENSATION OF MEDICATION (Management of Medication – MOM)**

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### **MOM 01 – PHARMACY SERVICES AND USE OF MEDICATION**

#### **1.0 PURPOSE**

1.1 To provide guidelines for pharmacy services, medication management, and safe use of medicines within the hospital.

---

#### **2.0 SCOPE**

- 2.1 Pharmacy Department
  - 2.2 All patient care areas
- 

#### **3.0 RESPONSIBILITY**

- Medical Superintendent

|   |           |                            |
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- Treating Consultants
- Resident Medical Officers / Duty Doctors
- Departmental Heads
- Purchase Officer
- Stores In-charge
- Pharmacists

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#### 4.0 ABBREVIATIONS

- **NABH** – National Accreditation Board for Hospitals and Healthcare Providers
- **MOM** – Management of Medication

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#### 5.0 DEFINITIONS

As per Drugs & Cosmetics Act and NABH standards.

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#### 6.0 REFERENCES

- NABH Pre-Accreditation Entry Level Standards for Hospitals, April 2014

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#### 7.0 POLICY

7.1 AIIMS Guwahati is having outsourced Pharmacy Services with AMRIT Pharmacy which is registered under the Drug Controller of India.

7.2 Pharmacy services comply with:

- Drugs and Cosmetics Act
- Food and Drugs Act
- Narcotic Drugs and Psychotropic Substances Act
- Drugs and Magic Remedies Act

7.3 Twenty-four-hour pharmacy services are available within the hospital building by AMRIT Pharmacy.

7.4 Hospital Essential Drug List (EDL) is approved by the Pharmacy & Therapeutics Committee and procurement is based on the approved EDL. For AYUSHMAN BHARAT beneficiary all medicines are procured through AMRIT Pharmacy.

7.5 Medications are stored as per manufacturer's temperature specifications.

7.6 Only authorized treating consultants may prescribe medications.

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- 7.7 Outside prescriptions are not accepted in the AMRIT Pharmacy inside OPD building.
- 7.8 Prescriptions by junior doctors must be countersigned by the treating consultant.
- 7.9 Oral/telephonic orders must be documented and countersigned within 24 hours.
- 7.10 Read-back policy shall be followed.
- 7.11 Medications shall be administered only by registered nurses as per doctor's order.
- 7.12 Prescriptions without hospital letterhead/ stamp, consultant name, signature, date, time, and registration number shall not be accepted.
- 7.13 Pharmacy & Therapeutics Committee shall review formulary annually/ EDL.

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## **MOM 02 – POLICY ON STORAGE OF MEDICATION**

### **1.0 PURPOSE**

To provide guidelines for safe storage of medications.

### **2.0 SCOPE**

- Pharmacy
- All medication storage areas

### **3.0 RESPONSIBILITY**

- Medical Superintendent
- Purchase Manager
- Pharmacy In-charge
- Pharmacists

---

## **7.0 POLICY & PROCEDURE**

- 7.1 Drugs are stored as per applicable laws.
- 7.2 Cytotoxic drugs are procured only on prior demand.
- 7.3 Medications are stored as per manufacturer instructions (temperature, light, ventilation).
- 7.4 Drugs are stored alphabetically by **generic name**.
- 7.5 Storage areas are clean, well-lit, ventilated, and pest-free.
- 7.6 Refrigerator temperatures are recorded **three times daily** and counter-signed.
- 7.7 Medications are protected from theft and loss.
- 7.8 Look-alike / sound-alike (LASA) drugs are stored separately.
- 7.9 Emergency drugs are available at all times and replenished promptly.
- 7.10 FIFO and ABC inventory practices are followed.
- 7.11 Quarterly audits are conducted.

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## **MOM 03 – POLICY ON PRESCRIPTION OF MEDICATION**

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### 1.0 PURPOSE

To establish safe and standardized prescription practices.

### 2.0 SCOPE

Hospital-wide

### 3.0 RESPONSIBILITY

- Consultants
- Doctors
- Nursing Superintendent
- Pharmacists

### 6.0 POLICY

- 6.1 Only registered and credentialed doctors may prescribe medicines.
- 6.2 Standard hospital prescription formats shall be used.
- 6.3 All inpatient orders must be signed, dated, timed, and named.
- 6.4 Verbal orders are restricted to emergencies and must be countersigned within 24 hours.
- 6.5 Separate prescription for each patient.
- 6.6 Prescriptions must include route, dose, strength, frequency, and duration.
- 6.7 Abbreviations are prohibited (e.g., "U", "mcg").
- 6.8 Illegible or incomplete prescriptions must be clarified before dispensing.
- 6.9 High-risk medicines require double verification.
- 6.10 Drug recall procedures must be documented.
- 6.11 Crash cart drugs issued through approved requisition only.

#### High-Risk Medications

Examples include:

- Heparin
- Insulin
- Propofol
- Nitro-glycerine
- Potassium Injection
- Sodium Bicarbonate

High-risk drug registers shall be maintained with full documentation.

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## MOM 04 – POLICY ON SAFE DISPENSING OF MEDICATION

### 1.0 PURPOSE

To ensure safe dispensing and medication recall.

### 2.0 SCOPE

Pharmacy Department

### 3.0 RESPONSIBILITY

- Pharmacy In-charge
- Pharmacists
- Pharmacy Staff

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### 7.0 POLICY

7.1 Dispensing shall comply with Indian pharmacy laws.

7.2 Prescriptions are screened for:

- Appropriateness
- Dose & frequency
- Drug interactions
- Allergies
- Therapeutic duplication

7.3 Expiry dates are checked prior to dispensing.

7.4 Contaminated, short-expiry, or expired drugs are recalled immediately.

7.5 Drugs received are verified by the Departmental Head.

7.6 Medication recall procedures are implemented based on feedback or detection.

7.7 Returned drugs must include batch number and bill reference.

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### AUDIT AND MONITORING

- Quarterly medication audits
- Review of prescriptions
- Monitoring of high-risk drugs
- Documentation of errors and corrective actions

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### 8.0 RECORDS MAINTAINED

- Drug Formulary
  - Prescription Records
  - Temperature Logs
  - High-risk Drug Register
  - Drug Recall Register
  - Audit Reports
-