**PHARMACIST ORIENTATION CHECK LIST**

**EARLY MORNING PHARMACIST 7AM-5PM (ED) SURGICAL AND ICU**

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| Print ED admission report and convert EDM orders |  |  |
| Print expired ABX report for all floors according to patient and follow up with MRP to reassess duration of antibiotics |  |  |
| Print Non formulary report from T-1 and T+7 and ensure all medications coming from MAIN pharmacy has been issued to patients as NON FORMULARY meds or converted to therapeutic substitution |  |  |
| Print ACTIVE intervention list for OTHER and SHIFT change intervention and follow up; eg supply methadone, one time IV meds, TPN etc. Complete the interventions after they have been dealt with |  |  |
| Verify all remaining orders from overnight |  |  |
| Non formulary supplying of medications, label comments, holding medications which do not have a DIN or supplements |  |  |
| ICU rounds every Monday and Friday 9.30am ; prepare the form for quick reference |  |  |
| Verify your floor orders after 9am and cover the other pharmacists floor during breaks |  |  |
| Non formulary refill every Thursday for 1 week |  |  |
| Print the census report for you floor and follow up with DVT prophylaxis; creatinine clearance adjustments of medications that require renal dosing with MRP |  |  |
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**LATE PHARMACIST 9AM-7PM (LD) MEDICAL AND EMERGENCY**

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| Follow up with expired ABX on your floors |  |  |
| Follow up with Non Form report on your floors |  |  |
| Follow up with all the interventions on your floor and complete them |  |  |
| Verify all orders on your floor and cover for the other pharmacist during break |  |  |
| Print the census report for you floor and follow up with DVT prophylaxis; creatinine clearance adjustments of medications that require renal dosing with MRP |  |  |
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**REPORT SHIFT 7AM -5PM**

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| Evaluate empiric V/S Culture oriented Therapy |  |  |
| Check ABX dose and frequency based on indication |  |  |
| Check & adjust ABX dose based on renal function |  |  |
| Consult MRP to narrow down broad spectrum empiric therapy to definite therapy once culture & sensitivity report available. |  |  |
| Suggest IV to Oral step down therapy when patient is clinically stable. (Based on Culture report, WBC, Febrile status, Vital signs etc.) |  |  |
| Evaluate appropriate Duration of therapy. |  |  |
| Order and monitor trough level for aminoglycosides, Vancomycin when applicable. |  |  |
| Adjust dose based on trough level. |  |  |
| Suggest Bio-K (probiotics) for high risk patients. |  |  |