



Standard Operating Procedures for Prescription Handling and Dispensing

By EDSP in Collaboration
with DFID and WHO





Standard Operating Procedures for Prescription Handling and Dispensing

(Final Draft)

By EDSP in Collaboration
with DFID and WHO



*Emergency Drugs Supply Project of TheNetwork for Consumer Protection in Pakistan
for
Government of NWFP & Balochistan*

EDSP is committed towards strengthening of the drug management system in Pakistan.

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1st Revision After Six months

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Preface

There is an imperative need for improvement in drugs dispensing and storage practices in our country. A baseline survey conducted by the Emergency Drug Supply Project for NWFP and Baluchistan illustrates that dispensing practices are not satisfactory in either of the two provinces. The survey findings showed that dispensers have absolutely no idea regarding certain essential parts of dispensing like preparation and labeling of drugs as they lack adequate training. Moreover, the dispensers' communication with patients is particularly poor, which leads to most of the patients not understanding the correct way of taking the medicines; they are not able to understand when and how to take the prescribed medicines. The average dispensing time per patient for the provinces was 34.4 seconds! This leads to poor treatment outcomes and unsatisfied clients. A need for taking appropriate steps (development of Standard Operating Procedures (SOPs) and training modules for concerned staff) exists to improve the existing conditions.

EDSP has developed standard operating procedures for prescription handling and dispensing. This document provides definitions of important terms related to dispensing of medicines. Furthermore, this document has detailed Standard Operating Procedures for prescription handling and dispensing practices. It specifies all the necessary steps that should be taken by dispensing personnel while handling a prescription and later while dispensing the medicines: from preparing items for issue to counseling the patient to maintaining records.

It is expected that this document will prove to be a helpful tool for dispensing personnel working in health care facilities of various levels. The information provided is practical and can easily be practiced in our set ups and it aims to upgrade the drugs dispensing practices in Pakistan.

Foreword

The drug management in health sector of our country leaves much to be desired. It was realized by a group of motivated individuals that this issue needs to be addressed actively. In order to collect information on various dimensions of drug use and management, a baseline survey was carried out by EDSP, with cooperation from the Governments of Baluchistan and NWFP. Three areas, namely prescribing, storage and dispensing practices were identified as key areas that need to be improved and for which standard guidelines or operating procedures have to be developed. For this purpose, brain storming sessions were conducted and responsibilities were delegated inside and outside EDSP to collect available national and international literature on these aspects of drug management.

After collection of relevant literature, workshops to review these documents were conducted, which led to the development of initial drafts. Further workshops were conducted in which the existing drafts were thrashed out word-by-word to make these documents more practical and relevant to our country's conditions. These revised drafts were sent to different stakeholders for their expert comments. In the light of these comments, final drafts were prepared. After some minor modifications, the documents took their current final shape that is to be used in training workshops for technical personnel involved in storage, dispensing and formulary development. This document shall be revised after six months and improvements will be made, taking into consideration the experiences gained in the upcoming training workshops.

The following resources were consulted during the process:

- ◆ **Managing Drug Supply: The Selection, Procurement, Distribution And Use Of Pharmaceuticals**
Second Edition, revised and expanded. Published 1997
- ◆ **E - drug**
E-DRUG is the English version of SATELLIFE's electronic discussion groups on essential drugs. E-DRUG is used by health care professionals, researchers and policy makers to obtain and discuss current information on essential drugs, policy, program activities, education and training. Members also use E-DRUG to announce and learn of upcoming conferences or courses in their field.
(www.essentialdrugs.org/edrug)
- ◆ **British National Formulary (BNF 44)**
Published September 2002 by the British Medical Association and the Royal Pharmaceutical Society of Great Britain.
- ◆ **WHO model formulary 2002**
Publisher: WHO, Published: November 1, 2002.
The WHO Model Formulary presents formulary information of over 300 medicines included on the WHO Model List of Essential drugs, as a reference for national and institutional drugs and therapeutic communities.
- ◆ **Armed Forces Technical Instructions**
This is a document that outlines the medical procedures' protocols for the armed forces of Pakistan
- ◆ **MSH**
Management Sciences for Health (MSH) is a private, nonprofit educational and scientific organization working to close the gap between what is known about public health problems and what is done to solve them.
(www.msh.org)
- ◆ **Medical Journals(BMJ, JAMA, Lancet, NEJM,AJHP)**
- ◆ **Cochrane database**
www.cochrane.org
- ◆ **US Pharmacopoeia and the National Formulary (USP 26 - NF 21)**
Book and Supplements Edition (November, 2002)
(One main edition and two Supplements)
USP-NF provides clear and concise standards of identity, strength, quality, and purity as well as packaging, storage, and labeling for drugs, dietary supplements, and other healthcare products.
- ◆ **American Hospital Formulary**
A Drug Information Reference from the American Society of Health-System Pharmacists. Published: 2000, Edition: 01.
- ◆ **WHO website**
www.who.int
- ◆ **NIH US**
www.nih.org

Message by Director General Health, Balochistan



It gives me a great pleasure to state that the Emergency Drugs Supply Project (EDSP) has done a commendable job over the last six months. The EDSP, funded by the Department for International Development (DFID) UK, was initially designed to supply medicine to the provinces of Baluchistan and N.W.F.P with a view to cater for the needs of the local population and also to share the burden on the health system due to the massive influx of Afghan refugees. The Technical Assistance component of the project was executed by The Network dealing with rationalizing of the drug management cycle. The development of Standard Operating Procedures (SOPs) is considered a major step towards strengthening of essential drugs management in the province. In this regard, the EDSP team has conducted a baseline survey of three districts in Baluchistan. Based on the findings of this survey, they identified various areas and SOPs were developed for storage, dispensing and formulary development. I am pleased to say that EDSP has disseminated the findings of the baseline survey to the three districts and at present is conducting trainings of tutors for dispensing and storage practices, and development and maintenance of formulary.

I must confess that these tasks seemed Herculean in the beginning, especially considering the short period of this project, but I congratulate the EDSP team for completing all these tasks in such a short time and developing comprehensive and feasible SOPs. I extend my full support and cooperation to EDSP and these SOPs would be incorporated into the healthcare management system of the province of Baluchistan. I once again congratulate the EDSP team for their hard work and wish them every success.

Dr. Pir Mohammad Khawajakhail
Director General Health Services
Balochistan, Quetta.

Date: 20th December 2002

Message by Director General Health, NWFP



It is indeed a pleasure to write these few lines about the document, which has resulted from a DFID supported project executed by The Network for Consumer Protection and deals with the issues of rational use of drugs, appropriate storage conditions and development of Standard Operating Procedures (SOPs). The issues and the problems are same in all developing countries of the world and Pakistan is no exception to it. It is a tragic irony that the situation is more of a grave nature and has received very little or no attention in the past. While recognizing this, efforts have been made to come up with a recipe, which suits out local conditions and environment.

I must acknowledge and commend the hard work that has gone into the development of these protocols but this should not be considered as an end, but a start, rather beginning of the start. With this vision in mind we must now focus our attention to bring changes in the attitudes of health care providers so that the protocols developed under this project are utilized for the welfare of the patients. In order to achieve this, a more sustained and consistent effort is needed towards capacity building and skills development of health care providers.

Finally, for ensuring rationalized use of drugs as a policy as well as a practice, will require more commitment and resources and must figure more prominently in national health plans and health reform programs.

Brigadier Habib-ur-Rehman
Director General Health Services
NWFP

Date: 23rd December 2002

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Acknowledgements

The document has been written with an overall view to improve the quality of care in our health systems. The preparation owes a great deal to many individuals and organizations.

The funding of the project was provided by Department for International Development (DFID) U.K Department of Health N.W.F.P and Balochistan were extremely helpful in facilitating the whole process. WHO also was closely involved throughout the process of SOP development and provided their technical input.

A number of seminars, workshops, meetings, discussions and opinion sharing sessions were conducted during the three months period. We would particularly like to express our gratitude to the Federal Minister of Health Dr Abdul Malik Kasi, Minister of Health NWFP Dr Meher Taj Roghani and Minister for Health Balochistan Mr Agha Abdul Zahir for their patronage during the whole exercise. Secretary Health Balochistan Mohammad Arshad Bhatti, Director General Health Dr Pir Jan Khawjakhail, Director Public Health Dr Mohammad Sharif Lodhi deserve a special thanks for their whole hearted support. Secretary Health NWFP Mr Arshad Mirza, Additional Secretary Health NWFP Muhammad Ishfaq Khan, and Director General Health, Brig Dr Habib-ur-Rehman were extremely helpful with their comments and feedback. We are also grateful to Country Representative WHO Dr Khalif Bile Mohamud and his team for taking keen interest in the development of SOPs. Ms Elizabeth Smith and Dr Inayat Thaver from DFID were always available for our help whenever needed. I would like to acknowledge with gratitude the role of the whole EDSP team in Islamabad, NWFP and Balochistan, without their hard work and dedication this Herculean endeavor would not have been possible. A special mention of guidance & efforts of Dr Zafar Mirza Executive Coordinator of TheNetwork for Consumer Protection, Mr Ayyaz Kiani Deputy Executive Coordinator of TheNetwork and Mr. Khalid Saeed Director Pharmacy Services Children's Hospital Lahore, is pertinent here who were always accessible, willing to contribute and their input indeed made a difference.

We acknowledge every effort however small it may have been, towards the achievement of our ultimate goal, which is improvement in quality of health care for our people. The list attached is a re-collection of the names which took part in the process of developing of this SOP but there would be many more that may not have been included here. However, each and every endeavor is thankfully recognized by EDSP.

Dr Assad Hafeez
Emergency Drugs Supply Project

Department of Health, Government of _____	
SOPs for Prescription Handling & Dispensing Practices	Revision# _____
Document Code # EDSP/D.P 01	Issue Date: 30th Dec. 2002
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1. Purpose:

- ◆ To improve the quality of health care delivery system, prescription handling & drug dispensing.
- ◆ To improve prescriptions and drug dispensing.
- ◆ To get the maximum outcome of treatments.

2. Scope:

- ◆ Dispensing Room / Out Patient Pharmacies.
- ◆ In Patient Dispensing Room.

3. Responsibilities:

1. Drug personnel (D.P)
2. Prescribers
3. Policy Makers/Health Care Managers, EDOs, MS.

4. Definitions:

◆ Dispensing Personnel (D.P)

Dispensing personnel can be a doctor, a nurse, a qualified pharmacist, a qualified dispenser / pharmacy technician or any skilled person trained for the purpose of handling prescriptions/ medicines in a health care facility.

◆ Standard Prescriptions

Standard prescription is a medication order/ instruction to D.P for preparing & dispensing of that order.

The standard prescription should include the patient's name, age, sex, weight and any known drug allergy. It should include the diagnosis / clinical signs and symptoms of the disease and a complete list of drugs prescribed including the dosage, frequency, instructions for use and duration. This prescription should also bear the signature and address of the prescriber.

◆ Prescribers

A person approved by the authority that examines the patient and writes the medication order. It can be a doctor, nurse, pharmacist or any other person sufficiently trained and authorized to prescribe e.g. lady health worker.

◆ **Substitution**

Substitution means the substitution of one prescribed medicine with another medicine in the prescription.

The substitution is of two types:

◆ **Therapeutic Equivalent (TE)/ Therapeutic Substitution**

Different medicines having same therapeutic effect and toxicity & therapeutic class e.g. Cefazolin & Cephradin, Oxytetracycline & Tetracycline. Only a pharmacist can make therapeutic substitutions after consulting the prescriber.

◆ **Pharmacological Equivalent (PE) / Generic Substitution:**

Different medicines that have the same generic names, same dosage forms and same strengths but different brand names.
e.g. Paracetamol & Calpol.

◆ **Counseling**

Counseling is a set of instructions about the use of medicines which D.P gives to the patient. It covers the "how", "when" and "why" topics: How to use, when to take, what diluents to use, precautionary side effects, storage etc.

◆ **Transcription**

Copying of prescription by a person other than the prescriber.

◆ **Dispensing Premises/Room/Stores**

Dispensing premises is an area in the health facility where prescriptions are entertained and the medicines are given to the patient according to the order written.

OR

An area where prescriptions are prepared to be dispensed and instructions are given.

◆ **Dispensing Tools**

These are the equipments used for the dispensing of medicines, like tablet counting trays, weighing balances, measuring beakers and cylinders, spatula, pouring funnels, gloves, face mask, gowns etc.

◆ **Assessment**

The assessment involves receiving the prescription by DP, checking the origin of prescription: whether it belongs to the same health care facility or not, verifying the name of patient to make sure that right drug is going to be dispensed to the right person and making sure the prescription is a standard prescription. The DP (Pharmacist) checks the possibility of any interaction in the prescription. The DP then checks the availability of the prescribed drug in the dispensing area.

◆ **Verification**

Verification is the confirmation of the instructions that are given to the

patient about the use of the medicines i.e. whether the patient has understood it completely or not.

◆ **Validation**

Validation is the confirmation of the identity of the person who is receiving the prescribed medicine. Some question, such as the name of the person or his/her father's name etc can be asked to confirm the identity

◆ **Expiry Date**

The date after which it is recommended not to use the medicine. The manufacturer gives the expiry date. The medicines, which are reconstituted or are made extemporaneously, usually have short expiries.

◆ **Recording/Documentation**

Each and every prescription is recorded in a daily expense register / book according to the medical record number, name of the patient, name of drug and quantity dispensed.

◆ **Daily Expense Register**

A book in which a record of every dispensed prescription is maintained by entering the medical record number, patient's name, and quantity of medicine, and strength of medicine issued.

◆ **Medicine Stock Register**

A register in which all the received stocks are entered by name of medicine, strength, date of receiving, expiry date, batch number and from where it is received.

◆ **Bin Cards/Stock Cards**

Bin cards or stock cards show the exact quantity of medicine in the cupboards or the racks where medicines are stored. The bin cards are a quick reference that show minimum stock levels, maximum stock levels, reorder level, date of receiving, date of issuance, expiry date and batch number.

◆ **FIFO**

First in - first out

◆ **FEFO**

First expiry - first out

◆ **HMIS** Health Management Information System

◆ **CRP** Central Registration Point.

◆ **Room Temperature** 15 - 30°C

◆ **Cool Temperature** 10 - 20°C

- ◆ **Cold Temperature** 2 - 8°C
- ◆ **Freezing Temperature** -20 - (-10)°C
- ◆ **Hygroscopic** A substance that absorbs moisture

5. Procedure:

- 5.1 **Assessment (A)**
 - 5.1.1 **Receiving and validation of prescription.**
 - 5.1.2 **Understanding & Interpreting the Prescription.**
- 5.2 **Bottling (B) [picking & packing]**
 - 5.2.1 Prepare Items for Issue.
 - 5.2.2 Rechecking/Cross-Checking
- 5.3 **Counseling (C)**
 - 5.3.1 **Instructions for use**
 - 5.3.2 **Verification of Instructions**
- 5.4 **Recording (R)**
 - 5.4.1 **Entering in Expense Register/Book**
 - 5.4.2. **Verification/Re-checking by Supervisors**

5.1 Assessment

5.1.1 *Receiving and validation of prescription.*

- a) The D.P. will entertain a standard, complete & clear prescription from the patient / attendant, care provider or prescriber. In case of an unavoidable situation, the D.P. will contact the prescriber.
- b) No photocopy will be entertained. No transcribed prescription should be entertained in order to be able to read it and correctly understand and interpret the prescription. This will also help in providing the right medicine to the right person.
 - ◆ *Mostly medication errors happen during transcription of prescription.*
 - ◆ *The prescriber will follow good prescribing guidelines.*
- c) The D.P. after receiving the prescription will check whether a prescription belongs to his hospital / health facility or doctor of a particular hospital / health facility. The prescription chit should bear the seal of the prescriber and the stamp / seal of the health facility.
 - ◆ *If needed, re-check the prescription from the prescriber.*
 - ◆ *If necessary trace the prescription's place of origin.*
- d) The D.P. will ask the name of the patient and father / husband's name to confirm that he is dealing with the right person.
 - ◆ *To avoid the risk of mixing up the prescription and giving prescriptions to*

the wrong persons.

All the points (a), (b), (c) and (d) do not require any special skills except for keen attention by any D.P i.e. pharmacist, dispenser / pharmacy technician and any other trained personnel involved in the process of dispensing.

5.1.2 Understanding and interpretation of the prescription

- a) The D.P. will ensure that the name of the drug dosage, strength and its duration are mentioned on the prescription. No guesswork on drug name, dosage etc. is permissible.
- b) The D.P will read and understand the instructions by the prescriber for preparing prescription.
- c) The D.P. will calculate the quantity of medicine to be dispensed
- d) The D.P. will check the availability of prescribed medicine in his dispensing area. The D.P. can make generic substitution in case of non-availability of a particular brand. The D.P. will read stock container label and confirm the drug name & strength with the prescription.
 - ◆ *Without confirmation, wrong medicine or medicine with different strength may be dispensed which will have devastating effect on the health of the patient.*
- e) If there is any abbreviation being used by the prescriber, then D.P. should send back the prescription to the prescriber to change the abbreviation with the full name of drugs as mentioned in a standard prescription. These should be understood & interpreted correctly by the D.P. For this purpose the D.P. should re-check with the prescribers.
 - ◆ *Any wrong interpretation may lead to medication errors.*

The procedures mentioned in (a), (b), (c), (d) and (e) can be performed by a doctor, pharmacist, nurse, pharmacy technicians / dispensers or any trained personnel working for the dispensing unit.

5.2 Bottling / Picking & Packing

Picking-the D.P will take out the stock containers of the prescribed medicine

All D.Ps can perform this step; laymen need to be trained well to bottle the prescribed drugs for the patients.

5.2.1 Prepare Items for Issue

- a) Once the prescription is received and the D.P. has read it and clearly understood and interpreted it, he goes on to prepare the items to be dispensed. He calculates the quantity of the medicine to be dispensed.
 - ◆ *To give only that quantity as directed by the prescriber*

b) DP will prepare a label for the drug

The label for packaging should include:

- i. Patient's name**
- ii. Name of the drug / medicine**
- iii. Directions for use / dosage / frequency**
- iv. Date of dispensing
- v. Date of expiry from original / bulk container
- vi. Identity of D.P.
- vii. Precautions
- viii. Symbolic instructions for the illiterate

This will enable the patient to use the medicines according to the directions of the prescriber.

The minimum information that should be written on a label is given in bold font. The rest require a skilled person, like a pharmacist or when enough time is available.

At BHU level the DP may only mention the name of the patient, strength of medicine and dose.

Any one of the D.Ps can perform this duty.

Options for labeling:

- ◆ Computer printed label (preference No. 1). *Only possible when facility is available.*
- ◆ Pre-printed envelope (at BHU, DHQ, THQ levels)
- ◆ Rubber stamped (at DHQ & BHU levels)
- ◆ Hand written (at DHO & BHU, THQ levels)

c) Tablets and capsules should be counted without touching the medicine; polythene gloves should be used. A clean knife or spatula and lid of the stock container can be used to avoid drug contamination.

Using bare hands is unhygienic and can affect the quality of drug.

d) Tablets & capsules should be packaged into clean drug containers such as bottle, paper or polythene envelopes depending upon the drug. Hygroscopic drugs should be packed in polythene envelopes, while liquids should be poured into clean bottles with caps tightly closed.

To avoid contamination & moisture, this will deteriorate the efficacy of the medicine.

e) Liquids should be poured from stock containers with label facing upward. To prevent the label from being damaged by any spilled or dripping liquid. Pre-packed small packing of liquid dosage forms should be preferred.

f) In case of external preparations e.g. ointment creams and lotions, labels should be marked clearly "for external use only". These items should not be mixed with other drugs for internal use.

g) After pouring liquids and counting tablets / capsules (bottling) the stock container should be closed and label re-checked for name and strength, and returned to its original position.

To ensure that the medicine being dispensed is from the correct container and of the correct strength.

- h) No two drugs should be dispensed in one container, especially in case of liquid and semisolid dosage forms.

5.2.2 Rechecking/Cross-Checking

- i) The dispensed preparation should be re-checked / cross checked against the prescription & the stock container, preferably by another D.P (pharmacist or dispenser).

This is a final check to ensure that the correct medicines in the correct dosage & quantity are being dispensed.

5.3 Counseling

5.3.1 Instructions for use

The D.P. will hand over medicines to the patient / attendant or care provider with clear instructions and advice. For this purpose he can take the help of other health workers e.g. doctor, pharmacist, nurse, or lady health worker.

The instructions & advice given should include: -

The minimally required instructions are given in bold; these should be necessarily explained to the patient. The rest of the instructions require a skilled person like a pharmacist or where enough time is available.

- a) Correct dosage of medicine**
- b) Timing of taking the medicine**
- c) Proper interval between incompatible drugs. (Pharmacist specific)
- d) Duration of taking the medicine**
- e) Importance of compliance (pharmacist specific)
- f) Importance of monitoring in the case of chronic illnesses e.g. hypertension, diabetes, asthma, tuberculosis etc.
- g) Method of preparation (where applicable)**
- h) Benefits of complete compliance with the given instructions.
- i) Any precaution, especially in compatible drugs e.g. use of cimetidine with antacids.
- j) Any minor side effects & what to do for them. (Pharmacist specific)
- k) Special attention should be given to pregnant / lactating women, children, elderly and chronically ill patients. (Pharmacist specific)
- l) Use of these dispensed medicines in combination with OTC / house hold remedies already being taken at home.
- m) Any precaution e.g. driving / operating a machine after any drug that causes sedation.
- n) Importance of completion of the full course of treatment in place of symptomatic relief. (Pharmacist specific)
- o) Guide the patient to purchase only those medicines which are not available in the store.**
- p) Guide the patient on how to store & care for the medicine.

5.3.2 Verification of instructions/feedback

The patient should be asked to repeat some of the instructions, especially:

- Dosage
- Timing
- Duration
- Method of preparation (where applicable)

This is to ensure that the patient would use the medicine in the appropriate manner.

5.4 Recording

- a. Details of the medicine dispensed must be entered into daily expense book. It should include the patient's name, sex, dosage, medicine's name & strength, the amount issued and the D.P's name & signature.
- b. Duplicate prescription chits make record keeping easier and reliable, with one chit being kept by the patient and the other by the D.P.
- c. Bin cards / records should be properly maintained at the end of the day and they should tally with the daily expense register. Once a week, the respected supervisors should verify these records

D.P. will maintain the store according to the SOPs / guidelines developed for good storage practices for inventory, drug management and audit.



Associated Documents/Tools

1. Standard Prescription on OPD slip as HMIS tool
2. Bin card / Stock card
3. Daily expense register
4. Medicine stock register
5. Job description of D.P.
6. Training manual for D.P.
7. Complete list of medicines with expiry calendar
8. Temperature chart / log, both in case of the room and the refrigerator
9. A work sheet for calculation of dose
10. National Essential Drug List

Frequent Errors to be Avoided

During any of the above procedures, errors can occur frequently. A few of these have been identified below:

- ◆ Wrong interpretation of the prescription (or diagnosis)
- ◆ Retrieval of the wrong drug from stock
- ◆ Wrong dosages
- ◆ Inadequate packaging/labeling of proprietary drugs
- ◆ Inadequate or nonexistent labeling
- ◆ No knowledge of proper drug compliance
- ◆ Insufficient knowledge of the disease process
- ◆ Taking insufficient time to talk with the patients about their drugs
- ◆ Inability to communicate to patients about therapy

ANNEXURE



Checklist for Dispensing Personnel

- Validation.
- Understand and interpret.
- Calculate quantity.
- Check availability of drugs.
- Preparation and bottling.
- Labeling.
- Cross checks.
- Instructions to patients.
- Verifying instructions.
- Record keeping.

SAMPLE PRESCRIPTION

(Recommended by the World Health Organization)

Dr. XYZ
PQR City
Pakistan
Tel: 510-229

Date: _____

Name of patient _____

Date of birth _____

Address _____

Sex _____

Diagnosis / Main complaints:

Rx

For use by dispensary

BIN CARD
MEDICINE STORE

Name of Medicine _____ Batch No. _____
Register No. _____ Date of Manufacturing _____
Dosage form _____ Date of Expiry _____

Date	Qty. Recd	Qty. Issued	Balance	Initial	Remarks

STOCK REGISTER

Name of medicine _____
 Specification _____

1	2	3	4	5	6	7	8
Date	Particulars	Price	received	Struck off	Balance		

DAILY EXPENSE REGISTER

Month _____

Year _____

Name of article	Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

DEMAND FORM

District/Agency_____

S.No	Name of item	Quantity received from PHQ	Issued	Balance	New demand



Job description of Dispensing Personnel (DP)

Dispensing is an art of handling a prescription. It is the job of a competent and skilled person who may be a dispenser, doctor, nurse, or a pharmacist. The dispensing of drugs revolves around a conceptual model and is referred to as ABCs of pharmaceutical care.

1. The DP is responsible for the whole act of dispensing, i.e.
 - i. Assessment and validation
 - ii. Bottling, picking and packaging
 - iii. Counseling
 - iv. Recordkeeping
2. The DP is responsible to keep the dispensing area in a neat, clean and presentable form.
3. The DP is responsible for sole custody of all the medicine, equipment and tools in the dispensing area.
4. The DP is responsible for indenting, issuance and storage of all the medicines in dispensing area.
5. The DP is responsible for updating the bin cards of respective drugs.
6. The DP is responsible for the discipline, training and learning of staff working in his/her dispensing area.
7. The DP should strive to develop and exercise good communication with his patients.
8. The DP is responsible to report any irregularity, breakage or wastage of the material/medicine in his/her charge to his immediate incharge officer.

Acknowledgements Annex

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