Institution Name: Al Masarra Hospital

Document Title: Policy and Procedure of Preparation and Dispensing of Medications

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
Reviewed by	Najla Al Zadjali	HoD Quality Management and Patient Safety	Al Masarra Hospital	25/7/22	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	July 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	25/7/22	for

Content Table:

Acronyms:

ADR	Adverse Drug Reaction
CDs	Controlled Drugs
CDC	Central Drug Committee
ID	Identity

Policy and Procedure of Preparation and Dispensing of Medications

1. Introduction

Dispensing refers to the process of preparing and supplying medications to a named person together with clear instruction, advice and counseling when necessary on the use of those medicines. It involves the correct interpretation of the order for prescribed medicines and accurate preparation and labeling of medicines for use by the patient. The dispensing process includes all activities that occur between the time the prescription or request for medicines is presented up to the time the medicines or other prescribed items are issued to the patient.

The Pharmacy Department of Al Masarra Hospital developed this document to provide an overview and set general standards for the good dispensing practices, to provide guidance to the Pharmacy professionals in the institution in relation to their professional practice, and should be considered as integral part of their job description and responsibilities.

Compliance with this policy will assist the sections to meet the proper quality health service standards, thus, confirming patient safety.

2. Scope

This document is applicable to all the Pharmacy professionals of Al Masarra Hospital (AMRH).

3. Purpose

3.1 To ensure the right drug, in the right dosage form indicated for the patient's condition, is delivered to the right patient in the prescribed dosage and quantity with clear instructions and package that maintains potency and stability of the drug.

3.2 To ensure treatment compliance and patient safety.

4. Definitions:

4.1 **Dispensing process:** is the review of a prescription, preparation, packaging, labeling, record keeping and transfer of the prescribed medicine including counseling to patients and/or their caregivers.

4.2 **Drug Interactions**: a change in a drug's effect on the body when the drug is taken or administered together (usually with another drug) with a second drug.

4.3 **Polypharmacy:** is the concurrent use of multiple medications by a patient.

4.4 **Inappropriate use of medications**: the use of medications that should be entirely being avoided, the medications that should be avoided at excessive dosages, and medications that should not be used for excessive durations.

5. Policy

(Dispensing Pharmacy Professionals)

5.1 A safe, clean and an organized working environment provide the basis for good dispensing practice. So it should ensure:

5.1.1 Qualified/ trained staff.

5.1.2 Appropriate physical surroundings.

5.1.3 Proper work surfaces.

5.1.4 Suitable equipment/other material.

5.1.5 Necessary packaging/labeling materials.

5.2 For an appropriate dispensing practice, the dispensing staff will ensure:

5.2.1 The right patient is served.

5.2.2 A desired dosage form of the correct drug is dispensed.

5.2.3 The prescribed dosage and quantity are given.

5.2.4 Proper instructions counseling given.

5.2.5 The medications dispensed are properly labeled.

5.3 Dispensing Pharmacists and Assistant Pharmacists are accountable for the whole dispensing process. As part of this accountability, they must ensure that dispensing tasks are delegated to persons trained and capable to carry out the process.

5.4 The pharmacy professionals must ensure that the prescription is valid, the medicine is clinically appropriate for the patient, and information is provided to ensure safe and appropriate use of the medicine.

5.5 Throughout the dispensing process, pharmacy professionals have a duty of care to apply their expertise, use professional judgment to protect and promote the safety, health and

wellbeing of patients, and maximize therapeutic outcomes in partnership with patients and prescribers.

5.6 The pharmacy professionals must take all reasonable steps to minimize the occurrence of dispensing errors.

5.7 In presence of sufficient number of pharmacists and assistant pharmacists, the assistant pharmacists must assist the pharmacists in the dispensing process by carrying out the functions of data entry and assembling medicines. However, the pharmacist is responsible for cross-checking, dispensing the medicine and counseling the patient. If no pharmacist is available, an experienced assistant pharmacist will review, cross check, dispense and provide counseling.

5.8 Where there is any doubt about the authenticity of a prescription, the pharmacy professionals must contact the prescriber for confirmation. Dispensing medications without a prescription or from an unauthorized prescriber is strictly prohibited.

5.9 Prescriptions from private healthcare establishments, even those endorsed with stamps of three private pharmacies stating non availability, must not be dispensed. Prescriptions from MOH Health Institution shall be dispensed only from the same health unit where itis prescribed.

5.10 Dispensing pharmacy professionals must ensure that all pharmacy services are provided in a manner that respects the patient's privacy requirements and confidentiality.

5.11 Life-saving drugs must be made available in sufficient quantities, and the pharmacist/assistant pharmacist should consider the medical consequences of not supplying such medicines in an emergency.

5.12 Pharmacy department should arrange to accept from the public any unwanted medicines for safe disposal as outlined in the policy **"Medications Returned by Patients".**

5.13 The prescription issued must be determined based on a maximum ninety (90) day supply,a refill shall cover maximum thirty (30) days to be collected by the end of each month until the next clinical visit.

5.14 Dispensing for more than one month is not allowed even to cover annual vacations/travel period of the patients to avoid shortage and patient safety matters to other patients.

5.15 In case of delay in collection of the medication, the Al Shifa 3+ computer system will allow dispensing for the remaining days only.

5.16 A reduced supply will usually be made for medicines which have a specific short course length or no supply will be made if pharmacy have confirmed supplies at home or that it is not wanted by the patient.

5.17 **Insulin** quantity will be issued as per the calculated units needed for one (1) month. If any quantity exceeds one (1) month, the same should be considered in the calculation of the following month.

5.18 It is a must that two staffs are involved in the preparation and dispensing process to ascertain that the drug, labeling, packaging, quantity, dose, and instructions are accurate for high risk products.

5.19 Prescribing specialized medications beyond own specialty is not allowed as per the Central Drug Committee (CDC) decisions and approved protocols. Such prescribing has to be restricted for each item based on the specialty and healthcare level.

5.20 Prescriptions for medications prescribed by doctors for themselves is permitted only in certain occasions i.e., to save a life or to avoid serious deterioration in health, and where no other person with legal right to prescribe.

5.21 Medication errors, near miss and incidents occurring during the dispensing process, i.e. all errors identified, not just those that reach the patient and regardless of how serious the incident may appear, must be identified and documented and their causes studied in order to develop systems that minimize recurrence. The record should be kept for three (3) years.

6. Procedure

(Dispensing Pharmacy professionals)

6.1 Key Process of dispensing involves:

6.1.1 Screening of Prescription

6.1.2 Preparation of Medicines

6.1.3 Supplying the Medicines

6.1.4 Proper Counseling

6.2 Screening process of prescription

6.2.1 Prescriptions must be legibly written or printed especially for Controlled Drugs(CDs).

6.2.2 The prescription should have the following:

6.2.2.1 Patient details with Name, Age, Hospital Identification number/Sticker.

6.2.2.2 Prescription details with medication name in generic, dose, frequency,administration and duration.

6.2.2.3 Prescriber's name, signature, and stamp.

6.2.2.4 Date of prescribing.

6.2.3 State the weight and enter in the patient file especially for the child in each visit.

6.2.4 Include the previous visit's date, medications dispensed and its duration.

6. 3 Interpreting the Prescription order

The person receiving the prescription should check for:

6.3.1 Dose, frequency and duration.

6.3.2 Drug interaction, medicine duplication, polypharmacy, inappropriate drug therapy, contraindications.

6.3.3 Allergies.

6.3.4 Unusual usage and suspected drug misuse or abuse.

6.4 Handling of prescription which required clarification

6.4.1 Contact the prescriber before dispensing medications for any incomplete prescription that requires further clarification, and/or with errors.

6.4.2 Ensure that the prescriber will clear and enter the missing/incomplete details andinsert in patient file/prescription.

6.4.3 Ensure that the prescriber will document/endorse the details in the remarks column of the prescription if it is a specific case/matter.

6.4.4 Discuss with the prescriber if any medication is out of stock for any substitutionor other alternative arrangements.

6.4.5 Ensure that the prescriber will document any alternatives/substitution for theout of stock medication in the prescription/patient file.

6.5 Preparation (picking) of Medications

When picking the medicines for dispensing, prevent any chances of medication errors toestablish an appropriate system and ensure safety.

6.5.1 Pick the medicine by reading the label at least twice.

6.5.2 Cross-check the medicine name and strength against the prescription/label.

6.5.3 Check the expiry date.

6.5.4 Medicines should be dispensed in original packaging as far as possible.

6.5.5 Tablets/capsules should not be removed from the strip/blister when dispensing.

6.5.6 Avoid direct contact with the hand if loose pack is to be used. Use a spoon totransfer such items onto a counting tray/container.

6.5.7 Take proper care noting the alert sticker while picking look-alike sound-alikemedications.

6.5.8 Pack all medications in a suitable and appropriately labeled container to ensurethe correct use and to maintain potency and quality during the period of use.

6.5.9 Provide compliance aids (e.g. measuring spoon or syringe) for the appropriatedose if required for the patients.

6.6 Specific chemicals/biological materials

6.6.1 Give particular attention to the possibility of allergy, explosion, radiation, andfire.

6.6.2 Handle with caution any substances including corticosteroids, someantimicrobials, and phenothiazine as these are irritants or very potent.

6.6.3 Avoid contact with the skin or inhalation of dust.

6.7 Dividing and Repacking

6.7.1 Syrups in solution form

6.7.1.1 **For less expensive drugs**: It is no longer recommended to divide anysyrup with pack size 100 ml or less. The entire bottle will be providedto the patient with proper counseling and indicating ‘not to use the remaining portion without medical advice’ (e.g.Paracetamol, Chlorpheniramine, etc.).

6.7.1.2 **For more Expensive drugs**: Supplied in pack of 200-500ml; repack in glass bottles (e.g. Lactulose, Phenobarbitone, Phenytoin, Chloral hydrate,Potassium Chloride, Levetiracetam, etc.).

6.7.1.3 **Suspensions:** Do not divide suspensions particularly those with narrowtherapeutic index for safety reasons (lack of homogeneity).

6.7.2 Labeling: State clearly the generic name of the product, dose, batch/lot no., expiry date and repacked date.

6.7.3 For tablet forms: Keep repacked items in an arranged manner as per the expiry date/repacked date. Maintain a register for repacking details (Name of the staff, item name, date, batch/expiry, etc). Minimize the quantity of repacking to ensure quality and carry it out in a daily basis for confirming maximum potency/ benefits).

6.7.4 For Storage conditions of certain group of medicines after opening, please refer to the **Good Practices Guidelines on Expiry Dates After Opening**, issued by Berkshire, NHS attaching the detailed list and expiry date recommendation for each formulation type. (See Appendix 1. Good practice guidelines on expirydates after opening)

6.7.5 Pack light/moisture sensitive items in proper containers.

6.7.6 Have adequate space for repacking. Ensure the tablet counting machine is properly maintained dust free and is in good condition. Maintain the table/area clean, well arranged and hygienic in condition.

6.7.7 Do not keep unwanted things. Keep food away from the preparation area/table.

6.8 Labeling

6.8.1 All dispensed medications should be labeled according to the requirement stated by the law. It is advisable for labels to be printed. In case handwritten, it shouldbe neat and legible with clear instructions on use.

6.8.2 Label should contain:

6.8.2.1 Patient’s name/Hospital ID number.

6.8.2.2 Name of the health facility.

6.8.2.3 Drug name (use generic name).

6.8.2.4 Strength.

6.8.2.5 Quantity dispensed.

6.8.2.6 Expiry date.

6.8.2.7 Directions for use in a familiar language.

6.8.2.8 Date of dispensing.

6.8.2.1 Cautionary label (*e.g.* ***"keep out of children").***

6.8.3 Special precautionary labels should be used/written where necessary (e.g. "**Maycause drowsiness**") for sedating drugs.

6.9 Counter checking

6.9.1 Counter checking must be done by the second person, other than the staff who didthe previous filling/preparation and labeling.

6.9.2 All the medicines prepared for dispensing must be checked against the prescription.

6.10 Patient Medication Counseling

6.10.1 This will be the final process chance to ensure the correct medicine is suppliedto the correct patient.

6.10.2 Ensure that the recipient understands the information/instructions and advice provided.

6.10.3 Ensure the patient is made aware if there are special requirements during transportation, proper storage conditions and usage requirements for the medicines.

6.10.4 Advise the patient to inform the clinic/Pharmacy if he/she encounters any adverse drug reactions (ADRs) when taking the dispensed medicines.

6.10.5 Ensure the patient is aware about the chances of drug-food reactions if any andthe list of foods to be avoided.

6.10.6 Refer the specific cases to the specialist pharmacist/specially assignedpharmacist for patient consultation and counseling service.

6.11 Access to Al Shifa 3+ computer system during dispensing

6.11.1 Patient safety, accountability and confidentiality are very significant in dispensing.

6.11.2 All staff that have access to the system must have an individual password and should dispense using their own password.

6.11.3 Ensure after dispensing to close the patient file as the part of patient's confidential matters.

6.11.4 It is not allowed to print or use any confidential reports related to patient treatment details for any purpose without taking permission from the concerned authorities.

6.12 Dispensing of Controlled Drugs (CDs)

6.12.1 Strictly adhere to the Hospital/National Controlled Drugs policy regarding handling and dispensing of CDs. (Refer to: Hospita /National Controlled Drugspolicy available in the hospital local site)

7. Responsibility

7.1 Pharmacy Professionals in Dispensing Area Shall:

7.1.1 Ensure the 5Rs when dispensing medications:

7.1.1.1 Right Patient

7.1.1.2 Right Medicine

7.1.1.3 Right Dose

7.1.1.4 Right Route

7.1.1.5 Right Time

7.1.2 Check/ask the name and ID to verify the right patient.

7.1.3 Ask about allergies or known adverse reactions (ADRs).

7.1.4 Assess the prescribed dosage to ensure it is safe and appropriate, check contraindications, drug-drug interactions etc., and coordinate with the prescriber for clearing any changes and its documentations.

7.1.5 Take care of maintaining pharmaceutical stocks in safe atmosphere and stability.

7.1.6 Ensure proper care and arrangements to avoid contamination and mix up.

7.1.7 Completely adhere and implement controlled drugs hospital/national policies to ensure the safety while dispensing.

7.2 Admin Level/Section In-charge Shall:

7.2.1 Allocate resources in coordination with the hospital admin to support the implementation of the medication policies.

7.2.2 Deal with higher authorities of the hospital regarding any series concerns during the policy implementation.

7.2.3 Coordinate with the section focal points confirming all the staff are fully informed of their role in maintaining the required standard practice and keep records for any auditing purpose.

7.2.4 Lead strategies and innovations to improve current practice.

7.2.5 Ensure necessary actions be taken for the proper implementation of the medication policies.

8. Document History and Version Control Table

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
1	Initial Release	Policy and Procedure team (P&MS)	May 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
Written by	**Reviewed by**	**Approved by**	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

9.1 Medication Order Review – Pharmacy Department, Al Masarra Hospital.

9.2 General Policies and Procedures of Controlled Drugs Substances - Pharmacy Department, Al Masarra Hospital.

9.3 High-Alert Medications, Pharmacy Department, Al Masarra Hospital.

10. References

Title of book/journal/articles/Website	Author	Year of publication	Page
Dispensing Guidelines	DGMS, MOH, Muscat	MOH/DGMS/ PH-21	
Guide to Good Dispensing Practice (https://who.int/medicinesdocs/)	Pharmaceutical Services Division, MOH, Malaysia	2016	
Guidelines of Dispensing of Medicines (www.pharmacyboard.au/documents)	Pharmacy Board of Australia	2017	

Appendices

Appendix 1. Good practice guidelines on expiry dates after opening

Good practice guidelines on expiry dates after opening		
Formulation Type	**Expiry Details**	**Comments**
Tablets & capsules in original blister strips or container with printed expiry date	Manufacturer's expiry date as printed on original box or individual foils (check patient information leaflet)	PRN (when required) medication, wherever possible, should be used from the manufacturer's original pack. (The expiry date is printed on each strip).
Tablets & capsules stored in dispensing bottles from pharmacy.	6 months from date of dispensing unless otherwise informed by Pharmacist.	
Aspirin Dispersible tablets stored in dispensing bottles from pharmacy	One month from the date of dispensing	
Oral liquids (in original manufacturer's packaging or amber bottles)	6 months from date of opening or follow manufacturer's guidance e.g. for specially manufactured items or expiry date on packaging. For antibiotics, check with Pharmacist if not clear from label.	Estimate the amount of any liquids carried over. Medicines retained for use should be recorded.
External liquids (e.g. Lotions, shampoos & bath oils)	6 months from opening or manufacturer's recommendation where shorter.	Write the DATE and initial when opened on the dispensing Label for audit trail purposes.
Creams in tubes or pump dispensers	3 months from date of opening or manufacturer's recommendations if shorter.	
Creams in pots, or jars.	1 months from date of opening	

Good practice guidelines on expiry dates after opening		
Formulation Type	**Expiry Details**	**Comments**
Ointments in tubes or pump dispensers	6 months from date of opening or manufacturer's recommendations if shorter.	
Sterile Eye/Ear/Nose drops/Ointments	28 days from date of opening	
Inhalers	Manufacturer's expiry date	
Glyceryl Trinitrate sprays	Manufacturer's expiry date	If inhalers / sprays are used on a PRN basis, keep for on-going use; do not routinely re-order each month.
Risperdal 1mg/ml Liquid	3 months after opening	
Insulin	Unopened: Manufacturer's expiry date when stored in a fridge at temperature between 2°C and 8°C.	

Appendix 2: Preparation and Dispensing of Medications - Audit Tool

S. N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Observation	Does the area appear clean and tidy?					
2	Observation	Are any cut strips / syrup spillages / medication without label left unattended in the dispensing area?					
3	Observation	Are all the staff wearing hospital ID cards and authorized staff is dispensing medications?					
4	Observation	Are any stock containers / bottles open but not in immediate use?					
5	Observation	Are all the pre-packed medications clearly labeled?					
6	Observation	Is the equipment for measuring and counting medications cleaned between uses for different medicines? *(Check Counting machine, tray etc.)*					
7	Observation	Are there nonmedical items found in the refrigerator or cold room?					

S. N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
8	Observation Interview Document Review	Are the medications dispensed to the patient with full information? *(Patient name, Health facility name, Drug name, expiry, strength, date of dispensing, familiar language, quantity dispensed etc.?*					
9	Observation Interview Document Review	Does the dispensing staff ensure the patient's confidential matters?					
10	Observation Interview Document review	All the staff that has access to the system, has an individual password and is dispensing medications by using their own password?					
11	Observation Interview Document Review	Is the unit practicing a good medication intervention / review and counseling process and files records or documents the evidences?					
Checked by *(Name and Signature):* …….. Date: ……							

Appendix 3. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	–
Department	QMPSD	Email	–
The Purpose of Request			
☐ Develop New Document	☑ Modification of Document	☐ Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Preparation and Dispensing of Medications		
Document Code	AMRH/PHARM/P&P/009/Vers.02		
Section B: Completed by Document Controller			
☑ Approved	☐ Cancelled	☐ Forward To:……..	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	

Appendix 4. Document Validation Checklist

Document Validation Checklist

Document Title: Policy and Procedure of Preparation and Dispensing of Medications		**Document Code:** AMRH/PHARM/P&P/009/Vers.02			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			

Recommendations ……✓…… For implementation …… More revision …….. To be cancelled

Reviewed by: Kunooz Al Balushi **Reviewed by: Irwin S. Rio**

AL-MASARRA HOSPITAL – MINISTRY OF HEALTH – SULTANATE OF OMAN – QUALITY MANAGEMENT DEPT.

[redacted]