

The Pharmacy and Therapeutics Committee has approved and has recommended for approval to the Executive Committee of the Medical Board the following drugs

DRUG NAME	THERAPEUTIC CATEGORY
Pantoprazole (Protonix ®) inj	Proton Pump Inhibitor



Automatic Medication Stop Order Policy



The maximum inpatient duration for a medication that a physician/ authorized prescriber shall order is 7 days, however, there are a few exceptions.

The maximum duration that a prescription shall remain in effect for the following medications are:

- All scheduled narcotics & controlled substances .....72 hours
- Heparin Infusions \*\* .....24 hours
- Coumadin .....72 hours
- Oxytocics .....72 hours
- Ketorolac .....5 days with  
no refills
- TPN .....24 hours  
(except  
Fridays &  
Holidays)

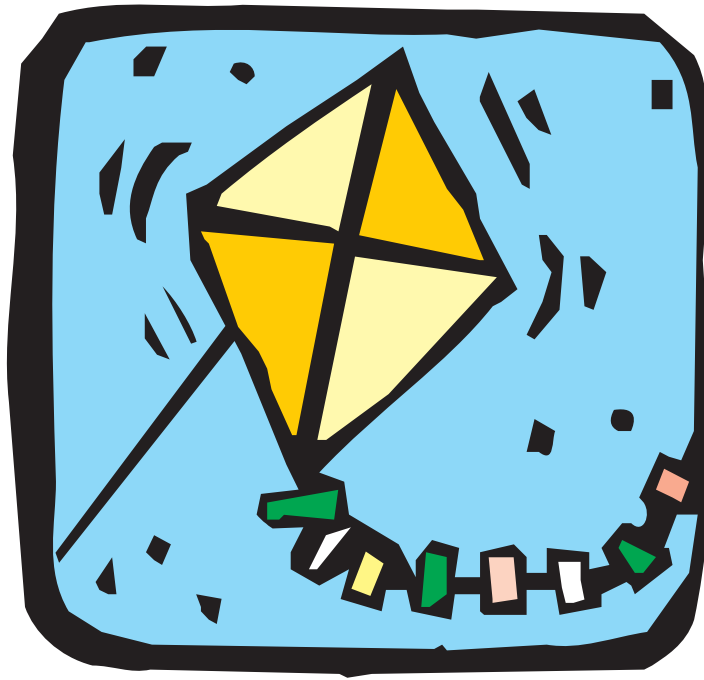
\*\*Therapeutic sub-cutaneous heparin & low molecular weight heparins are excluded from this policy and may be ordered for up to 7 days. Heparin infusions require evaluation of PTT daily for continuance.

If you ever have a question regarding the duration of a medication, or any other medication related question, don't hesitate to contact Pharmacy at extension 2854/2856

The Pharmacy is now open 24 hours a day, 7 days a week!

## Medication Error Summary

Between October 2000 and May 2001 a total of 124 medication error incidents were reported. The most frequent type of error was an error of omission, the majority of which, occurred in the medication order process. And most of these errors were due to incorrect or incomplete orders. Please remember to fill out all fields on the medication order form.



HAPPY LABOR DAY!