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**GUIDELINES FOR HOSPITAL PHARMACIES  
and EMERGENCY DEPARTMENT TREATMENT**

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The **pharmacist** is responsible for all pharmacy practice as delineated under Utah Code 58-17b and 58-37f to include:

- ordering, receiving, and stocking;
- filling drug carts, drug rooms, emergency drug stocks;
- controlling inventory, including audit trail for each controlled substance;
- maintaining and adhering to policies and protocols that maintain controls over controlled substances (Utah Controlled Substances Act Subsection R156-37-502 defines unprofessional conduct to include: (4) “failing to maintain controls over controlled substances which would be considered by a prudent practitioner to be effective against diversion, theft, or shortage of controlled substances; (5) being unable to account for shortages of controlled substances for any controlled substance inventory for which the licensee has responsibility.”);
- reviewing Medication Proof of Use forms or logs returned to the pharmacist for purposes of review and reconciliation; and
- submitting all required controlled substance prescription information to the Controlled Substance Database pursuant to Utah Code 58-37f-203.

NOTE: “Responsible” means accountable for. The pharmacist may delegate the task, yet is ultimately accountable for the outcome. Final checks of medications or medication profiles cannot be delegated.

**After-hours Medications Taken from Pharmacy When a Pharmacy is Closed**

- Only a pharmacist, nurse supervisor, or charge nurse can enter the pharmacy when the pharmacy is closed.
- Medications can only be taken from the pharmacy on an emergency, as needed basis. A medication log must be used to keep a per medication inventory.
- Only a pharmacist, nurse supervisor, or charge nurse can have access and the alarm code to the pharmacy when the pharmacy is closed, although no one but the pharmacist can have a key to the locked controlled substance inventory in the pharmacy. The pharmacy must still be equipped with a security system to permit detection of entry at all times when the facility is closed. An adequate security system for inpatient pharmacies within hospitals would be a system similar to a badge reader access which could uniquely store and retain which authorized person had made entry into the pharmacy after regular hours.

## Dispensing of Drugs from an Emergency Room

- Emergency room staff, including the prescribing practitioner or licensed nurse, cannot dispense prescriptions to a patient. The prescribing practitioner can give an emergency supply, which is properly labeled, to a patient to get a patient started on the medication until a pharmacy is open. This is not to be construed to allow a prescribing practitioner to give out an entire prescription amount.

### **The related community standard for the treatment of typical Emergency Department conditions and STI prophylaxis is seven days.**

- Such “emergency doses” of medications shall be labeled with at least:
  - Prescribing practitioner’s name and facility name and telephone number;
  - Patient’s name;
  - Name of medication and strength;
  - Number of tablets given;
  - Date given; and
  - Instructions for use.
- Records of controlled substances dispensed by the prescribing practitioner must be provided to the pharmacy so that applicable prescription data can be reported to the CSD.

**NOTE:** Physicians may give out “samples” which are clearly marked as a sample “not for resale” until the patient can get to a pharmacy or to try the medication for possible untoward effects. Samples must be dispensed pursuant to Utah Code Annotated § 58-17b-610.

### **Repackaging:**

- It is illegal for retail pharmacies to repackage medications for resale to hospitals, clinics, or other pharmacies. The hospital pharmacy could legally repackage medications for use in its own institution.

### **Federal Statute:**

According to Federal regulations, “repackaging” requires a manufacturer’s license as stated in US Code 21-1300.01(27) and USC 21-1301.11(a).

USC 21-1300.01 reads “*Manufacture* means the producing, preparation, propagation, compounding, or processing of a drug or other substance or the packaging or repackaging of such substance, or the labeling or relabeling of the commercial container of such substance, but does not include the activities of a practitioner who, as an incident to his/her administration or dispensing such substance in the course of his/her professional practice, prepares, compounds, packages or labels such substance.”

USC 21-1301.11(a) reads: “Every person who manufactures, distributes, dispenses, imports, or exports any controlled substances or who proposes to engage in the manufacture, distribution, dispensing, importation or exportation of any controlled substances shall obtain a registration. .”