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# PHARMACY AND THERAPEUTICS COMMITTEE

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■ One of the methods or mode of ensuring the proper rationality in the use of drugs is that the hospital organize and constitute, *The Pharmacy and Therapeutic Committee.*

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## Definition:

- The pharmacy and therapeutic committee is a policy framing and recommending body to the medical staff and the administration of hospital on matters related to therapeutic use of drugs.
- This committee is composed of physicians, pharmacists and other health professionals selected with the inclusion of medical staff.

## Objective of the PTC:

- The PTC has 3 major roles to play.  
These are
  - 1) Advisory
  - 2) Educational
  - 3) Drug safety and adverse drug monitoring

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## Advisory:

- The committee recommends the adoption of policies or assists in the formulation of broad professional policies regarding evaluation, selection and therapeutic use of drugs in the hospital.
- The committee serves in an advisory capacity to medical staff and hospital administration in all matters pertaining to the use of drugs, including the investigational drugs.
- It makes recommendations concerning the drugs to be stocked in hospital patient care areas.
- The committee advises the pharmacy in implementation of effective drug distribution and control procedures.

The committee develops and compiles a formulary of drugs and prescriptions of formulations accepted for use in the hospital.

The committee should minimise duplication of the same basic drug, drug safety, and cost.

It establishes or plans suitable educational schemes for the hospital's professional staff on the matters related to the use of drugs.

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## Drug safety and adverse drug monitoring:

- This function is assigned to or taken up by the PTC and it should be continuous scheme of exerting vigilance.

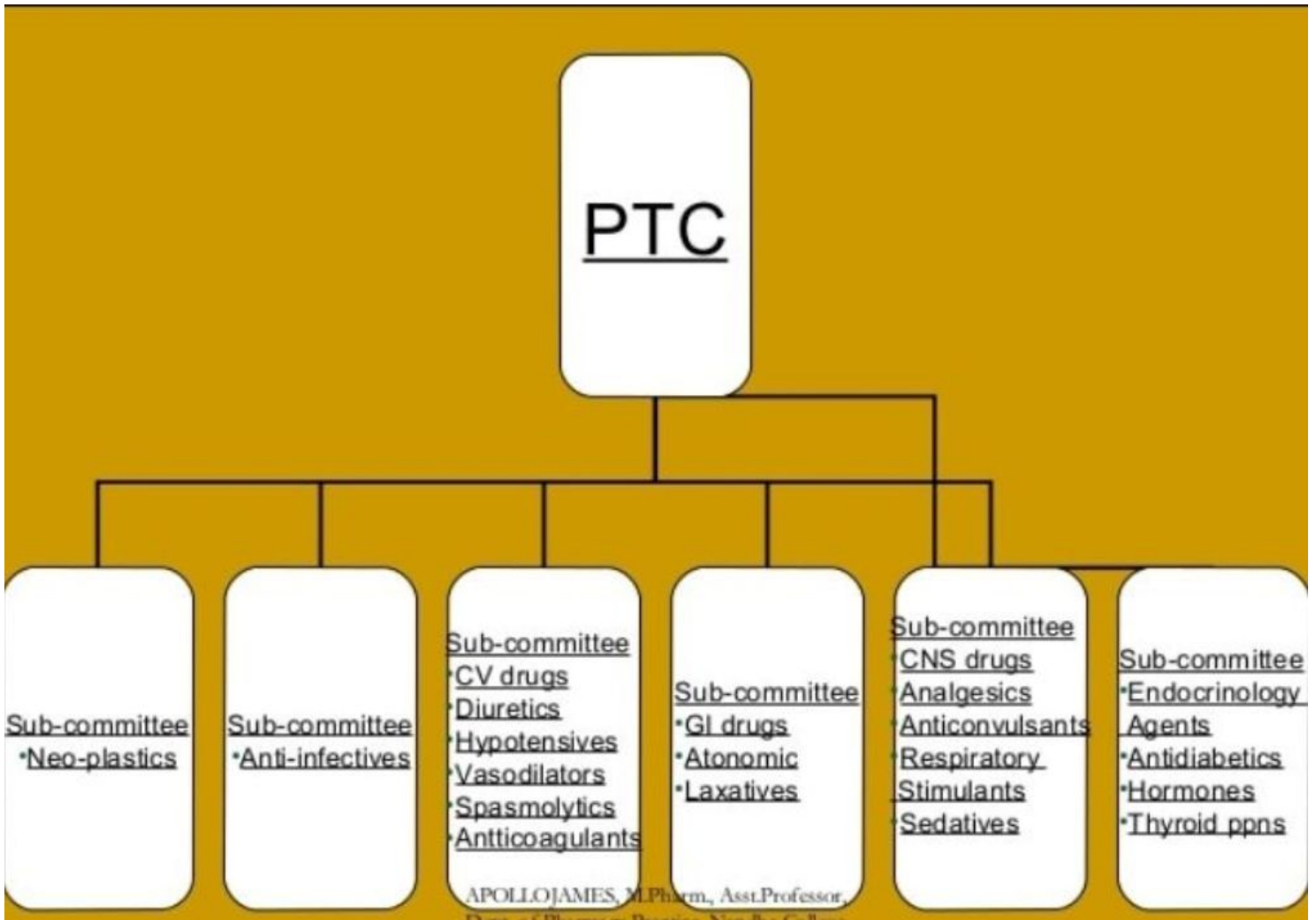
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## Composition of PTC:

- Composition of PTC might vary from hospital to hospital. It may composed of :
  1. At least three physicians from the medical staff
  2. A pharmacist
  3. A representative of the nursing staff and
  4. An hospital administrator with his or her designated an ex-officio member of the committee one of the physicians may be appointed as the chairman of PTC. The pharmacist functions usually as the secretary and therefore, he is designated as the Secretary of the committee.







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## Operation of PTC:

- This committee should meet regularly at least six times in the year and also as and when necessary.
  - The committee can invite its meetings persons within or outside the hospital who can contribute specialized or unique knowledge, skills and judgements.
  - The agenda and the supplementary materials should be prepared by the Secretary and furnished to the committee members well in advance so that the members can study them properly before the meeting.
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- A typical agenda may consists of the following categories in general:
    - 1) Minutes of the previous meeting.
    - 2) Review of the contents of the Hospital Formulary for purpose of bringing it up to date, and deleting of products not considered necessary for use;
    - 3) Information regarding new drugs which may have become commercially available.
    - 4) Review of side effects, adverse drug reactions, toxic effects, drug interactions of drugs reported by various units of the hospital and brought to notice of the committee by DIC.
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- 6) Review of Drug Safety in the hospital.
  - 7) Reports of various sub-committees.
  - 8) Report of medical audit.
  - 9) Any other matter with the permission of chair.
  - 10) Vote of thanks.

The minutes of all meeting hold should be prepared by the secretary and a permanent records of these minutes should maintained in the hospital.

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## Role of PTC in Drug-Safety

- Drug safety includes responsibility from dispensing of drugs to drug-administration and then to observe possible adverse effects. PTC can play a major role in ensuring the drug-safety
- Following guidelines may subserve the committee in ascertaining the adequate safety factor of the hospital pharmacy.

- 1) A registered pharmacist – chief pharmacist  
-diploma holders
- 2) Not permit non-pharmacist personnel
- 3) A sufficient numbers of qualified personnel
- 4) Adequate safe, work space, and storage  
facilities
- 5) Have equipment necessary
- 6) Automatic stop order-narcotics, hypnotics,  
anti coagulants
- 7) Firm policy-research drugs

- 8) Drug formulary
- 9) Out side its working hours
- 10) Poisonous materials- non poisonous materials
- 11) External use drugs-internal use drugs
- 12) Quality control measures, GMP during processing
- 13) Teaching programme
- 14) Periodical inspection
- 15) Adequate reference library



## Role of PTC in Adverse Drug Monitoring:

- An ADR is defined as any unusual or unexpected harmful reaction including acute poisonings by narcotics, barbiturates, and amphetamines as well as industrial poisonings.

### PROFORMA FOR MONITORING OF ADR IN INDIA

1. Do not leave any item blank
2. Mark tick in the appropriate box
3. Type or write in BLOCK LETTERS

1)Centre Name: -----

2)Type of patient:

Inpatient(1) Outpatient(2)

3)Serial No:

4)Name of the patient:-----

5)Address(complete)-----  
-----

Pin code-----

6)Age:-----Years

7)Sex:            Male(1)        Female(2)

8)Occupation :-----

9)Hospital Record No:

10)Registration Date:

11)Dietary Habit: Veg. (1) Non-Veg.(2)

12)Smoking habit: No (1) Yes(2)

If yes, duration (yrs)

13)Alcoholic habit: No (1) Yes (2)

If yes, duration (yrs)

14)Relevant Medical History: If yes, details

- Allergy No (1) Yes (2)-----
- Environmental exposure No (1) Yes (2)-----
- Occupational exposure No (1) Yes (2)-----
- Previous drug reaction No (1) Yes (2)-----
- Pregnancy 0/1/2/3  
TRIMESTER-----
- Family history of ADR No (1) Yes (2)-----

APOLLO JADPS, MPharm, Asst Professor,

15) Background signs / symptoms:-----  
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16) Provisional Diagnosis:

17) Treatment Schedule (including traditional medicines)

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Drug      Indication                      Total                      Route      Duration  
name    daily  
Trade &(Diagnosis) Generic      dose  
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18) Date of End of Treatment:

19) Outcome of Management:

Recovered (1); Still under  $R_x$  (2); Died (3);

Lost to follow up (4); ADR suspected (5)

20) If ADR is suspected fill in the  
PROFORMA-II No (1) Yes (2)

- Every case of adverse drug reaction must be first reported by the attending physician to the chairman of the PTC or clinical pharmacologist.
- The attending physician should complete the 'Adverse Drug Reaction Report form' as illustrated above, on any patient having adverse reaction.
- The medical record room will, upon the patients discharge, remove this report from the medical record and forward it to the chairman, who in turn periodically forward essential data to the central committee on Adverse Reactions formed by the State Government or the drug control authorities of the state, Government and the Drugs Controller or consultations with the bodies of experts such as Drugs Technical Advisory Board.

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## Automatic stop orders for Dangerous Drugs:

- All Drug Orders for narcotics, sedatives, hypnotic anticoagulants, and antibiotics shall be automatically discontinued after **48 hours** unless the order indicates an exact number of doses to be administered, or the attending physician, re-orders the medication.
- All orders for narcotics, sedative and hypnotics must be rewritten every **24 hours**.
- In India, at present, this kind of system of issuing “ASODD” is not practiced except for hospitals like Christian Medical Hospital Vellore or Jaslok Hospital, Mumbai Escort group, Mayo Hospital etc.

## Role of PTC in Developing “Emergency Drug Lists”

- Since time factor is of very great urgency to most true emergency situations, it is absolutely necessary for the PTC of a hospital to get prepared boxes containing emergency drugs which should be always available readily for use at the bed-side.
  - List of such drugs and other supplies should be compiled by the committee, and it should find their place in **emergency kits**.
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## A) Supplies to be maintained in Emergency Box:

- i. Syringes of various range Two each of 1 ml. i.e tuberculin or insulin syringe, 2 ml. syringe and 5 ml. syringe; and one each of 10ml and 20ml syringe.
- ii. Needles, preferably two each of 16', 18', 20', 21', 23', and 26',
- iii. Files for breaking the ampoule
- iv. Torniquets
- v. Airway equipment
- vi. Ryles tube

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## B) Drugs for Emergency Box:

These may be selected in consultation with the physician but the following list is illustrative only

- i. Aminophylline 0.25 g/ml
  - ii. Amylnitrite glass capsules for inhalation
  - iii. Atropine sulphate 0.4mg/ml
  - iv. Caffeine sodium benzoate 0.5g/2 ml.
  - v. Calcium Gluconate 1 g/10 ml
  - vi. Digoxin 0.25 mg/ml
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- Diphenylhydantoin sodium 50 mg/ml
- Epinephrine Hcl/1 mg/ml
- Heparin 10.000 units/ml
- Hydrocortisone 100mg
- Magnesium sulphate injection 10%, 50%
- Isoproterenol 1:100
- Mannitol injection 25%
- Nalorphine Hcl-10 mg/2ml
- Neostigmine methyl sulphate 0.25mg/ml
- Norepinephrine Injection 0.2%

- Pentobarbitone 50mg/ml
- Pentzocine
- Phenylephrine Hcl 10mg/ml
- Pheomethazone inj
- Picrotoxin Inj. 3mg/ml
- Procainamide 100mg/ml.
- Protmine sulphate 20mg/ml
- Saline for Injection 09% 30ml
- Sodium molar lactate solution
- Water for injection 20ml

## C) Supplies for Cabinet Utility Room

- i. Venous cannulation set .
- ii. Each set 12&17 venous catheters
- iii. Pieces 6" shock blocks
- iv. Oxygen catheters
- v. Sterile suction catheters
- vi. Razor with blades
- vii. Package sterile gelatine sponge
- viii. Resuscitation tube.

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## D) Other emergency supplies

- i. Resuscitation carts
- ii. Phlebotomy sets
- iii. Oxygen equipments
- iv. Tracheotomy sets
- v. Dextran and tubing
- vi. Burn sheets

NB: Each hospital may modify this list by adding or deleting items as found necessary.

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## Role of PTC in Drug Product Defect Reporting Programme:

- The drugs purchased by hospital may be defective in quality. It is for the committee to get information about the defective drug products and to inform it first to the manufacturer for appropriate action.
- If satisfactory answer is not obtained from the manufacturer or supplier, it should be reported to the Food and Drug Control Administration.

Phone No.-----

XYZ HOSPITAL

Address -----

Date received -----

HOSPITAL PHARMACIST'S DRUG DEFECT REPORT

Reference No.-----

1. Trade Name-----Dosage form-----

Strength-----

2. Lot No.-----Expiry Date-----

3. Date Purchased-----

4. Name of the supplier-----

5. Name and address of the  
manufacturer-----  
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6. Reporting pharmacist's name-----

7. Defects noted or  
suspected-----  
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Date-----

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Dept. of Pharmacy P. O. Box 100, G. S. S. S. S. S.

Signature of the chairman of PTC



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## Role of PTC in Drug Utilization Review:

- Drug utilization includes prescribing, dispensing, administering and ingesting of prescription of drugs. Hospital pharmacist should take medication history that should include following information.
  - 1) Medication being taken at the time of admission, during admission, home remedies (OTC) drugs.
  - 2) Drug-allergies and idiosyncrosy towards food products etc.
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# XYZ HOSPITAL

## PATIENT MEDICATION PROFILE

Record No-----

- Name of the patient----- Age----- Sex-----
- Address----- DOA-----
- Admission Diagnosis-----
- Other Pathology-----
- Pre Operative Medications Used-----

Date	Drugs	Dose	Route	Started	Discontinued	Remarks

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1. To help improved drug prescribing practices by promoting the safe and rational use of the drugs.
  2. To detect and help prevent drug-interactions.
  3. To help detect and prevent adverse drug reactions.
  4. To detect and prevents IV additive incompatibilities.
  5. To detect drug-induced diseases.
  6. To detect possible drug-induced diseases.
  7. To help detect and potential drug-toxicities.

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PTC is the backbone of the hospital pharmacy and its services, and therefore, it should properly organized.

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## References:

1. A text book of HOSPITAL PHARMACY by Quadry.
  2. Text book of hospital pharmacy by Paradhkar.
  3. [www.rx.wa.gov/pubmed.ptcmembers.html](http://www.rx.wa.gov/pubmed.ptcmembers.html)
  4. [www.ashp.org.com](http://www.ashp.org.com)
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