

# ASHP Statement on Unit Dose Drug Distribution

The unit dose system of medication distribution is a pharmacy-coordinated method of dispensing and controlling medications in organized health-care settings.

The unit dose system may differ in form, depending on the specific needs of the organization. However, the following distinctive elements are basic to all unit dose systems: medications are contained in single unit packages; they are dispensed in as ready-to-administer form as possible; and for most medications, not more than a 24-hour supply<sup>a</sup> of doses is delivered to or available at the patient-care area at any time.<sup>1,2</sup>

Numerous studies concerning unit dose drug distribution systems have been published over the past several decades. These studies indicate categorically that unit dose systems, with respect to other drug distribution methods, are (1) safer for the patient, (2) more efficient and economical for the organization, and (3) a more effective method of utilizing professional resources.

More specifically, the inherent advantages of unit dose systems over alternative distribution procedures are

1. A reduction in the incidence of medication errors.
2. A decrease in the total cost of medication-related activities.
3. A more efficient usage of pharmacy and nursing personnel, allowing for more direct patient-care involvement by pharmacists and nurses.
4. Improved overall drug control and drug use monitoring.
5. More accurate patient billings for drugs.
6. The elimination or minimization of drug credits.
7. Greater control by the pharmacist over pharmacy workload patterns and staff scheduling.
8. A reduction in the size of drug inventories located in patient-care areas.

9. Greater adaptability to computerized and automated procedures.

In view of these demonstrated benefits, the American Society of Hospital Pharmacists considers the unit dose system to be an essential part of drug distribution and control in organized health-care settings in which drug therapy is an integral component of health-care delivery.

## References

1. Summerfield MR. Unit dose primer. Bethesda, MD: American Society of Hospital Pharmacists; 1983.
2. American Society of Hospital Pharmacists. ASHP technical assistance bulletin on hospital drug distribution and control. *Am J Hosp Pharm.* 1980; 37:1097–1103.

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<sup>a</sup>In long-term care facilities, a larger supply of medication (e.g., 48 or 72 hours) may be acceptable.

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