FLETCHER ALLEN HEALTH CARE
ALARIS DRUG LIBRARY REQUEST FORM

***Pharmacy Worksheet***

This form is to be completed by pharmacy to accompany the nursing-pharmacy Alaris Drug Library Request Form.

1. Is the drug on formulary? YES □ NO □

2. Are there any formulary restrictions on the drug? YES □ NO □

3. Is the drug prepared in the pharmacy and not by the end user? YES □ NO □

4. Is there a pharmacy manufacturing sheet or computer system entry for the drug? YES □ NO □

5. Are there any FAHC protocols or order sheets available for use of the drug? YES □ NO □

6. Will the drug be required in more than one Alaris patient care profile? YES □ NO □

7. Will the drug require different guardrails or products for different dosing protocols? YES □ NO □

8. Are there reports in the literature of safety issues or any special cautions with the drug? YES □ NO □

9. Is the drug on the High Alert List? YES □ NO □

10. Have all FAHC locations and protocols for use of the drug been identified? YES □ NO □

11. Have all product sizes and types been identified for the drug? YES □ NO □

12. Has the pharmacotherapy handbook been reviewed for the drug? YES □ NO □

13. Are there relevant policies and procedures for the drug? YES □ NO □

14. Comments:

Completed by __________________________ Title __________________ Date______________________