

**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.

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| 1. Is the drug on formulary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are there any formulary restrictions on the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Is the drug prepared in the pharmacy and not by the end user? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Is there a pharmacy manufacturing sheet or computer system entry for the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Are there any FAHC protocols or order sheets available for use of the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Will the drug be required in more than one Alaris patient care profile? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Will the drug require different guardrails or products for different dosing protocols? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Are there reports in the literature of safety issues or any special cautions with the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Is the drug on the High Alert List? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Have all FAHC locations and protocols for use of the drug been identified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Have all product sizes and types been identified for the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. Has the pharmacotherapy handbook been reviewed for the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Are there relevant policies and procedures for the drug? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

14. Comments:

Completed by _____ Title _____ Date _____