

PHARMACY KEY

A PUBLICATION OF THE PHARMACY AND THERAPEUTICS COMMITTEE

<http://www2.kumc.edu/druginfo/pharmkey.html>
 druginfo@kumc.edu 913-588-2328

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We would like to devote this Special *Pharmacy Key* to welcome you to the KU Med. We would like to review the services provided by the Department of Pharmacy, institutional policies concerning drug use in the hospital and suggested guidelines for prescription writing. The goal of this publication is to foster an understanding of pharmacy services and medication use policies so that safe, efficient and rational drug use or therapy may continue in this institution.

CLINICAL PHARMACY TEAMS

Patient Care units at KU Med are divided among pharmacy teams. Coverage during evening and weekend shifts varies slightly. ***Clinical Pharmacists carry pagers for accessibility and nursing unit staff or central pharmacy can provide the pager number for designated pharmacists.***

Clinical Pharmacists:	Pager
DAY (0800-1500)	
Team 1 (PED,PICU, 56, 54LDR)	7972
Team 2 (Cardiology: 46, 44A)	7936
Team 3 (Med/CTS: 41, 45, 52, 53 : 2 RPhs)	7908/7958
Team 4 (Trauma/Surg ICU: SIC, 51, 15s)	7964
Team 5 (Heme/Onc: 42, MTU)	7956
Team 6 (MICU-not 44A, 43, Pt Ed 30F, 27, 37)	7970
EVENING (1500-2300)	
Team 1E (PED,NICU, PICU, 51, 56, 54LDR)	7972
Team 2E (Cardio/MIC: 46, MIC, 44A, SIC)	7936
Team 3E (41, 45, 53, 52)	7958
Team 5E (Heme/Onc: 15s, 42, MTU, 43)	7956
Central (27,30F, 37)	Ext.82321
2300-0800	Ext.82321

PHARMACY SERVICES AT THE KU MED

The Department of Pharmacy provides comprehensive, 24-hour service to patients, physicians and staff as an integral part of the teaching, research and patient care programs at The KU Med.

CLINICAL PHARMACY SERVICES

Pharmacy Services for inpatients are provided by decentralized Clinical Pharmacists. The clinical pharmacist responsible for the medical service and/or nursing unit caring for your patients is an excellent resource. This pharmacist is your best liaison with the central Department of Pharmacy when drug-related questions or problems and any special requests arise.

The Clinical Pharmacist is responsible for review of the patient medication regimen. Pharmacists screen for potential problems with medication orders: dosing, drug allergies, drug interactions, intravenous incompatibility and more. Physicians are informed of potential problems and possible drug therapy modification. Pharmacists are actively involved in monitoring drug therapy and provide pharmacokinetic dosing for selected antimicrobials. Clinical pharmacists rely upon interaction with the patient care team to identify patients needing focused medication education. Write an order to request that the pharmacist meet with your patient. Patient education during the hospital stay and/or upon discharge maybe provided by Clinical Pharmacists. A Self-Medication Educational Program for patients and medication calendars are available for patients with multiple medications and compliance problems.

Pharmacy notes located in the patient chart may and/or the electronic medical record, contain information regarding patient education, compliance assessment, pharmacokinetic dosing or other information related to patient drug therapy decisions.

THE FORMULARY SYSTEM

The Formulary System is the accepted method approved by the Medical Staff whereby physicians select medications to be available for KU Med patients. The Pharmacy and Therapeutics Committee evaluates, appraises and selects from the numerous medical agents commercially available and makes recommendations to the Executive Committee of the Medical Staff indicating medications which are the **preferred medications** for patient care at KU Med. These recommendations require approval by the Executive Committee of the Medical Staff prior to formulary inclusion. The evaluation of drugs for admission into the Formulary System is comprehensive and considers efficacy, safety, and economic issues, all aimed at promoting rational, cost-effective drug therapy. It also includes comparisons of therapeutic alternatives to minimize therapeutic duplication in the formulary. The **KU Med Formulary** is the published list of approved medications considered most useful in providing care for the vast majority of patients, both inpatient and outpatient, in the KU Med Health System. KU Med prescribers are expected to prescribe these approved formulary medications. If medically necessary, non-formulary medications can be obtained upon request for specific patients during their hospital stay. A copy of the formulary is available on the WEB with PDA down-loading capabilities at: <http://www.formularyproductions.com/kumc>

REQUEST FOR NON-FORMULARY DRUGS

When a non-formulary drug is requested, the pharmacist will inform the prescribing physician of formulary alternatives, which are therapeutically equivalent, and of their proper dosage. If an acceptable formulary medication is not identified, the Pharmacy will obtain a small supply of the drug for that particular patient. A non-formulary service fee incurred will be billed to the patient. A time delay of 24 to 48 hours should be anticipated since the drugs must be ordered from an outside source.

If a physician intends to prescribe a non-formulary drug on a regular basis, it is recommended that a request for evaluation for Formulary admission be submitted to the Director of Pharmacy for consideration by the Pharmacy and Therapeutics Committee. The application for Formulary Admission can be located at: <http://www2.kumc.edu/pharmacy/formrequest.html>.

DRUG DISTRIBUTION

Unit floor stock is available from Pyxis units on all patient care units and many diagnostic units. This automation allows authorized health care professionals to access medications that are on a patient profile and medications that are considered "PRN" for an individual unit. Biometric "password" (e.g. fingerprint) scanners are used to ensure positive identification for Pyxis machine access.

The medications available in each Pyxis unit are chosen based upon patient needs of that area. The availability of each medication is also based upon safety, usage and stability. Prescribed medications that are not available in Pyxis units are delivered to patient care areas by the Department of Pharmacy in individual packages which identify each dose (unit dose packaging).

SAMPLES

Professional drug samples are not to be administered to inpatients. Samples are not to be stored on the nursing units or hospital patient care areas. A detailed log must be maintained in any hospital ambulatory care area which distributes samples.

PATIENT'S OWN MEDICATION POLICY

The hospital encourages the use of medications supplied and administered by the hospital at all times. Patients may be permitted to use their own medications *only* under specific limited circumstances. This limitation is based on patient safety with product integrity and potential self-administration of incorrect dosages being issues of concern. In addition, the *risk of medication error* is increased by the use of medications outside of the normal medication use system.

Handling of patient's own medications is a time consuming process. Order clarification, medication identification, documentation, special storage procedures and administration of these medications outside of the normal system consume valuable hospital resources. It is prudent to consider the following procedures when making the decision to use patient's own medications.

WHEN MAY AN ORDER FOR PATIENT'S OWN MEDICATION BE APPROPRIATE?

Patients may use their own medication only if:

- The medication is *not on the hospital formulary* and a reasonable *therapeutic substitution is not available*.
- When the physician, pharmacist, and patient deem the use of a formulary medication is *medically necessary* to meet an individual patient need and this is documented in the chart.
- The medication is an *investigational medication* provided under protocol as part of the patient's participation in an investigational study.

In addition, to any of the three above circumstances:

- The patient's own medication must be contained in the original prescription container that is properly labeled as required by state and federal laws, identifying the name, strength, dose, route, and directions for use of the medication. Study medications may contain information as allowed by the study protocol and must be labeled with the patient name.
- If medications are not in the original container, the patient must receive medications supplied by the hospital via the usual medication use process.

A Physician Order must Include:

- Name, dose, route, and directions for each medication that the patient is going to supply.
- A statement that the "patient may use their own supply" while in the hospital.

Identification of Patient's Own Medication before Administration

- The clinical pharmacist will identify each patient own medication and document this in the patient's medical record

Storage of Patient's Own Medications:

- The nurse will collect any medications that are kept in the hospital for secure storage, in the "Patients Own Medication" section of the Pyxis or in another locked cabinet on the nursing unit, until discharge.

Administration of Patient's Own Medications:

- A nurse must observe patients taking their own medications to assure that the appropriate medication and doses are taken at the appropriate time.
- Documentation on the medication administration record (MAR) must indicate the medication, dose and time given.

Procedures for Medications Kept at the Bedside:

- A physician order stating that the medication name, route, dose and frequency along with a written statement of "at bedside" is required.
- A nurse will administer and document on the MAR.

INTRAVENOUS ADMIXTURE SERVICE

The Department of Pharmacy prepares all intravenous drug admixtures. The policy ensures that all solutions are prepared under aseptic conditions and are screened for drug interactions and incompatibilities. Standard infusion concentrations have been established for many intravenous drugs. Medication orders for these drugs should be written in the concentrations that have been established. Except for reasons of stability, compatibility, and/or volume problems, the standard diluent used in intravenous "piggyback" orders is D5W 50mL.

A list of Standard and maximum allowable concentrations for adult intravenous medications can be found in the May 2001 Pharmacy Key which is located at the following url: <http://www2.kumc.edu/druginfo/pharmkey.html>

TOTAL PARENTERAL NUTRITION

- The standard hang time for all adult and pediatric TPN solutions is 2000.
- Neonatal TPNs are hung between 1500 - 1700
- All TPN orders for adults and pediatric patients are due in Pharmacy by 1400. This includes new and changed orders. Changes in neonatal orders are due in the Pharmacy by 1300
- For adult and pediatric patients, the pharmacy will compound the 24 hr supply of TPN for a patient based on the orders in the Pharmacy at 14:00 and these solutions will be delivered to the nursing unit by 1930. Neonatal TPNs will be delivered by 1500.
- When a new TPN order is received after 1400 for an adult or pediatric TPN, the pharmacist will contact the prescribing physician to determine when the order will need to be processed and if it can be scheduled for delivery the next day at 2000.

MEDICATION ORDER TURN AROUND TIME

To prioritize the processing of new medication orders and to establish an appropriate turnaround time for these orders. The following turnaround times have been established:

1. **STAT:** Stat orders are defined as emergency medications (medications that are needed only in life threatening situations) and so written by the prescribing physician. The physician should call a STAT order to the attention of the nurse so it can be taken off the chart immediately. Pharmacy will fill these orders as quickly as possible, but usually within 5 minutes if the order is called down to the central pharmacy.
2. **ASAP/NOW: ASAP or NOW** orders will be written as such by the prescribing physician. These orders will be available to the nursing unit within 30 minutes from the time pharmacy receives the written order. Exception: Chemotherapy will be delivered within 2 hours from the time pharmacy receives the written order.
3. **ROUTINE ORDERS: Routine orders are all orders not written as STAT, ASAP or NOW.** Routine orders will be available within two (2) hours from the time pharmacy receives them.

SCHEDULED TIMES FOR MEDICATIONS

Standard schedules have been established for medication administration. Exceptions to this schedule include selected drugs where levels may be affected by administration time and upon special request by the prescribing physician.

KU Med Standard Schedules

QDAY	0900	Q2H	02-04-06-08, etc.
QAM	0900	Q4H	09-13-17-21-01-05
Daily	0900	Q6H	06-12-18-24
QHS	2100	Q6H alt	09-15-21-03
QPM	2100	Q8H	06-14-22
BID	09-21	Q8H alt	09-17-01
BID alt	08-17	Q12H	09-21
TID	09-15-21	Q12H alt	01-13
TID ac	07-11-17	Q24H	09
TID pc	09-13-19		
TID W/MEALS	08-12-17		
ACHS	07-11-17-21		
QID	09-13-17-21		
5XD	09-12-15-18-21		

Special Schedules:

Unit specific schedules will be limited to the following:

37	TID	09-13-21
27	BID	08-20
	TID	08-12-20
	QID	08-12-16-20
	HS	20
46	Q6H	05-11-17-23
	Q8H	06-14-22

QID verses Q6H schedules are not interchangeable and will be interpreted strictly as indicated above unless the clinical pharmacist suggests a different time schedule is more appropriate and indicates that schedule on the pharmacy requisition.

OUTPATIENT SERVICES AND PRESCRIPTIONS

Outpatients cared for by the KU Med are covered by a variety of health insurance programs. Reimbursement practices/requirements, preferred medications and formularies of various programs differ greatly. To provide comprehensive pharmacy services to all outpatients, the Outpatient Pharmacy maintains a drug inventory, which not only includes the KU Med formulary medications but additional medications as well. While the KU Med prescribers are encouraged to utilize our preferred medications, other medications are also available.

Prescriptions filled in the Outpatient Pharmacy must be written only on a KU Med prescription blank by the KU Med Medical Staff and the patient must be a patient of the KU Med. However, verifiable prescriptions from local physicians may be filled for employees. Prescriptions written

by medical students must be countersigned by a staff physician. The Physician's name must be legibly printed or stamped on the prescription in addition to the signature. The KU Outpatient Pharmacy is open 8:00am - 7:00pm Monday thru Friday and 9:00am - 3:00pm Saturday and Sunday and holidays of Christmas Day and New Year's Day.

CONTROLLED SUBSTANCES: Schedule II prescriptions must be written on green blanks. All other prescriptions, including Schedule III, IV and V are to be written on KU Med buff-colored prescription blanks labeled "Not Valid for Schedule II Prescriptions". All prescriptions written for controlled Substances (Schedule II - Schedule V) **MUST** be written by a physician possessing a Drug Enforcement Administration (DEA) registration number. All new staff must sign a signature card to be maintained in the Outpatient Pharmacy. All prescriptions written for Controlled Substances must bear the name and address of the patient, the current date and the DEA number. Refills on Schedule II prescriptions are not permitted.

DISMISSAL PRESCRIPTIONS: Prescriptions for dismissal medications should be written on the **Dismissal Medication Form**, which can be perforated into four individual prescriptions. Keep in mind that the patient may already have sufficient quantities of maintenance medications at home and additional quantities will not be reimbursed by prescription plans. The physician must complete all appropriate information on each of the four prescription blanks used and VOID any unused sections of the form. A signature is required for each prescription and the DEA number must be included on any prescriptions for controlled substances. As a convenience, patients may have take home medications filled in the KU Med Outpatient Pharmacy by faxing the order form to ext. 82385. Patients will be expected to provide any prescription insurance information, co-payments required by their prescription plan or the full prescription amount at the time of service. The second copy of the form will stay in the patient's chart and the original copy is exchanged for the medications at the KU Med Outpatient Pharmacy or taken by the patient to the pharmacy of their choice. **Writing prescriptions 24 hours prior to discharge** prevents a long wait for patients ready to go home and allows time to resolve financial issues that may arise.

DIRECTIONS: Prescriptions written for outpatients must include adequate directions for the patient. The use of "Take as Directed" does not provide these patients with adequate directions on the prescription label to insure proper dosage. All prescriptions filled by the Pharmacy will be labeled with the name and strength of the medication.

QUANTITIES: Outpatient prescription quantities are limited to no more than a one-year supply [six months on controlled drugs-CIII to CV and 30 days for CII drugs] if so authorized. The medical staff authorizes the KU Med Pharmacy to dispense lesser quantities of medication than prescribed per patient request and / or third party payor limitations. The medical staff also authorizes the KU Med Pharmacy to provide equivalent dose and quantity adjustments of an identified drug on the prescription if required. Such changes shall be documented on the prescription by the dispensing pharmacist.

REFILLS: Prescriptions may not be refilled unless the physician specifies the number of refills to be permitted in the lower left hand corner of the prescription blank, where the following is printed: "Refill _____ times". Prescriptions written at the KU Med may be refilled in the Outpatient Pharmacy for not longer than one year for non-controlled drugs and 6 months or 5 refills for schedule III, IV and V Controlled Substances per Kansas State Law. Schedule II medications are not refillable and require a new written prescription for each dispensing.

TELEPHONE PRESCRIPTION ORDERS: The Department of Pharmacy will accept phone-in prescriptions for KU outpatients and employees where federal and state law allows. The pharmacy cannot accept telephoned orders for Schedule II drugs due to the Drug Enforcement Administration regulations restricting such activity. Phone-in prescriptions will not be accepted for routine dismissal prescriptions.

INVESTIGATIONAL DRUGS

The Investigational Drug Service at the KU Med offers a range of research activities to ensure the safe delivery of quality health care for patients participating in an investigational drug trial. In support of the Department of Pharmacy's mission, this service assures appropriate procurement, storage, handling, drug accountability, and information access about the investigational agents utilized. The Investigational Drug Service also supports and complies with hospital policy, JCAHO, state and federal standards. The goal of this service is to assist and support investigators in meeting their obligations in conducting clinical drug research at the University of Kansas while promoting safe and rational therapy for the patient.

The design of the study and the objectives of the investigator determine services needed by Investigational Drug Services. A fee for Investigational Drug Services will be based upon the level of involvement required or requested as part of the clinical trial.

The Investigational Drug Service can be reached at 82314 or e-mail address invrph@kumc.edu Usual hour are 8 am to 4pm on Monday through Friday, but an investigational pharmacist is on call 24 hours a day.

EMERGENCY DRUGS AND CODE BLUE RESPONSE

Code Blue Carts are located throughout the Hospital and contain a standardized drug tray with emergency drugs for use in resuscitation of patients. A clinical pharmacist will respond to all Code Blue calls with a secondary drug box of medication to supplement the Code Blue cart medications.

DRUG INFORMATION SERVICES

The Department of Pharmacy offers an organized Drug Information Service to promote rational drug therapy by improving availability and use of drug information to physicians, nurses, pharmacist's, dentists, dieticians and other health practitioners.

The Drug Information Service maintains special journals, texts and reference sources designed to answer questions about the identification, availability, pharmacology, pharmaceuticals, toxicology, stability, adverse effects, drug interactions, bioavailability and pharmacokinetics of various medications. The Drug Information Service is available to health practitioners from 0830 – 0430 Monday through Friday.

Questions concerning drugs or drug therapy on an Inpatient Service should be directed to the Clinical Pharmacist by paging the pharmacist. If the Clinical Pharmacist is not available, or the request does not originate on the Inpatient Service, the request may be referred to the Drug Information Service by calling extension 82328.

Other services provided by the Drug Information Service include publication of pharmacy newsletters for physicians, nurses and other health care personnel, evaluations of drug studies for the Pharmacy and Therapeutics Committee and coordination of the Adverse Drug Reaction

Reporting Program. Drug Audit criteria that has been used in Patient Care Audits is available from the Drug Information Service as a source of rational prescribing information.

The reference book, Drug Information – American Hospital Formulary Service is available on all nursing units to aid in answering less complex questions. The Micromedex® Drug Information System is also available for use via the hospital computer system.

Drug utilization reviews are routinely conducted by the pharmacy with P & T Committee approval. Generally, a particular drug, therapeutic class, or specific use will be targeted. For example, a drug utilization review focused on CDC Recommendations for the appropriate Use and Monitoring of Vancomycin.

POISON CONTROL CENTER

The Mid-America Poison Control Center, established in July 1982, answers over 30,000 calls a year from health care professionals and lay public throughout the State of Kansas. Questions range from children accidentally ingesting a household product to suicides and environmental hazards.

Resources for information are extensive, including computerized retrieval of information from Poisindex®, Identidex®, and Drugdex®. The poison center is staffed by pharmacists and critical care nurses specially trained in toxicology. Consultants are available in many areas, including botany, herpetology, mycology, and environmental and industrial medicine. A medical toxicologist is also available for consultation for KU Med patients. Information is available 24 hours a day, 365 days a year, by calling extension 86633.

The Mid-America Poison Control Center also provides community education in the form of news releases, public service announcements, and lectures to medical professionals and the general public. Poison prevention materials are available at no cost upon request.

ADVERSE DRUG REACTON REPORTING

To insure continued patient drug therapy safety and to fulfill the role of a major medical center in the promotion of good health care, all Adverse Drug Reactions (ADR) must be reported. The Pharmacy and Therapeutics Committee has defined an adverse drug reaction as any untoward reaction which is associated with drug therapy and meets any of the following criteria:

- 1) Requires treatment with prescription medications
- 2) Results in or prolongs patient hospitalization
- 3) Results in permanent or temporary disability
- 4) Results in patient death
- 5) Requires reporting to the Food and Drug Administration

These reports may include reactions already listed in the package insert. A causal relationship DOES NOT have to be established between the drug and the reaction, it may only be suspected.

If the patient is on multiple drug therapy, the most likely agent or agents should be listed. Any physician, nurse, pharmacist or other health care professional identifying a POSSIBLE adverse drug reaction can file a report. An ADR report may be filed by telephone or by completing a form.

1) **Phone** – Call ext. 82328 and provide data regarding the reaction. A form will be completed by a Drug Information Pharmacist.

2) **Form** – Forms are kept on all nursing units and in recovery rooms. The time to complete a form is minimal. The patient's addressograph, the name of the reporter and the name of the institution reporting the ADR is held confidential and protected from public disclosure. Completed forms should be given to the Pharmacy Department by placing them in the Pharmacist's order bin on the nursing unit.

Reporters can designate that the reaction should be reported to the FDA by checking the appropriate box. The more detailed FDA reporting form will then be completed by the Pharmacy Department.

Any questions concerning **ADVERSE DRUG REACTION** reporting should be referred to the Drug Information Center (extension 82328).

All adverse reactions reported are reviewed by the Pharmacy and Therapeutics Committee. The KU Med participates in the FDA's MedWatch adverse reporting program.

Drug Problem Reporting

Any drug product suspected of having a defect should be reported to the Department of Pharmacy (82328 Drug Information Center). A pharmacist will investigate the defect and will file a report to the FDA/USP if indicated.

Nuclear Pharmacy Services


The Department of Pharmacy provides a Nuclear Pharmacy Service located near the Nuclear Medicine Service. This pharmacy service is responsible for the preparation of the various radiopharmaceuticals used in diagnostic and therapeutic procedures. In addition, the nuclear pharmacy will provide special preparations needed for patient care or for research purposes.

QUICK REFERENCE PHARMACY TELEPHONE NUMBERS

	Extension
PHARMACY ADMINISTRATIVE OFFICES	82330
INPATIENT PHARMACY – 24 Hr. Service	82321
INPATIENT IV ADMIXTURES	82320
OUTPATIENT PHARMACY	82361
OUTPATIENT FAX LINE	82385
DRUG INFORMATION	82328
DRUG INFORMATION FAX	82350
MID-AMERICA POISON CONTROL CENTER	86633

Safe Prescribing Practices

In an effort to improve the safety of our patients at KU Medical Center, the Medication Safety Subcommittee of the P&T Committee has identified the following as discouraged practices because they do not follow recommendations for safe medication prescribing practices. Historical evidence supports that certain order writing practices or habits have led to serious consequences.

Discouraged Practice 	Example and Error Description	Preferred Practice
<input type="checkbox"/> Order used an unapproved abbreviated Drug Name(s)	MSO ₄ . <i>Could be interpreted as Magnesium Sulfate.</i>	Morphine. Please note that abbreviations or shortened drug names are prohibited. Shortened medication names could potentially denote several different medications. Do not abbreviate or shorten drug names, unless the abbreviation is on the approved abbreviation list: http://www.formularyproductions.com/kumc/
<input type="checkbox"/> A trailing zero was used	Lorazepam 1.0 mg. <i>The trailing zero may be misread as 10mg and result in a 10-fold overdose.</i>	Lorazepam 1 mg. Do not use zeros after a decimal point for doses expressed in whole numbers as they may appear as a 10-fold overdose.
<input type="checkbox"/> A leading zero was not used	Morphine .5 mg. <i>This may be interpreted as 5 (five) mg and result in a 10-fold overdose.</i>	Morphine 0.5 mg. Always use a zero before a decimal point when the dose is less than 1.
<input type="checkbox"/> "µ" used to denote micrograms	Levothyroxine 100 µg. <i>This may be interpreted as milligrams.</i>	Levothyroxine 100 mcg. Use 'mcg' or spell out microgram; do not use 'µ'.
<input type="checkbox"/> Resume medications	Orders may be restarted that are duplicative or were not intended.	Write out each medication. Please note orders of this type are prohibited by JCAHO.
<input type="checkbox"/> Signature difficult to read or is not legible	<i>Signature is illegible and may deter prompt notification of prescriber in the event that clarification or verification is necessary</i>	Include pager number with signature on order. Please note that recent revisions to the prescribing process require the inclusion of this information.
<input type="checkbox"/> Order was missing an essential element (i.e., strength, route, etc)	Digoxin 0.125 mg daily.	Digoxin 0.125 mg PO daily. A complete order includes: drug name, strength/dose, route, frequency in addition to date, time, signature and prescriber pager number.
<input type="checkbox"/> Order was difficult to read or illegible	<i>Legibility issues have resulted in significant delays in therapy, administration of an unintended medication, or dosing error.</i>	Please print all orders or use pre-printed order sets if applicable. Available order sets can be found at http://www.formularyproductions.com/kumc/
<input type="checkbox"/> Order was written in cc's	15 cc Amoxicillin twice daily. <i>Drug concentrations may differ and cc's could be misread as "U" or "0".</i>	15 mL Amoxicillin twice daily. Please note that all medications should be dosed in their respective units of measure. Please use mL if warranted.
<input type="checkbox"/> Order was written using ss	Regular insulin ss. <i>May be misinterpreted as 55 or apothecary symbol for one-half.</i>	Regular insulin sliding scale. Do not use 'ss', write out sliding scale.
<input type="checkbox"/> Order included apothecary symbols (dram, grain, minim)	ASA 1gr daily. <i>May be misinterpreted as 1 gram.</i>	ASA 81mg daily. Use the metric system or write out units rather than use symbols.
<input type="checkbox"/> "Units" was not written out	Regular insulin 5 u. <i>The "u" may be interpreted as a 0, 4, 6, or "cc"</i>	Regular insulin 5 units. Always write out units; do not use 'u'. Always write out international units; do not use 'IU'.