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Drug Distribution: Statement on Unit-Dose & Intravenous Admixture (2008)



Canadian Society of Hospital Pharmacists
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Drug Distribution: Statement on Unit-Dose & Intravenous Admixture

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30 Concourse Gate, Unit 3
Ottawa ON K2E 7V7
Telephone: 613.736.9733
Fax: 613.736.5660
Internet: www.cshp.ca

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Drug Distribution: Statement on Unit-Dose & Intravenous Admixture

CSHP ENDORSES THE UNIT-DOSE/INTRAVENOUS (I.V.) ADMIXTURE SYSTEM AS THE DRUG DISTRIBUTION SYSTEM OF CHOICE IN ORGANIZED HEALTH CARE SETTINGS IN CANADA.

The Unit-Dose system is part of the hospital's system of drug distribution in which medications are dispensed for a 24-hour period.^a Although they are referred to as separate systems, the Unit-Dose system of dispensing oral products and the I.V. Admixture system of dispensing parenteral products are based upon the same principle that all drugs are compounded and dispensed by Pharmacy in a patient-specific, individually labelled and ready-to-administer form.

Evidence gathered over the past 35 years clearly shows that the Unit-Dose/I.V. Admixture system has significant advantages over other systems including:

- a) reduced incidence of medication errors;
- b) decreased medication-related activities for Nursing;
- c) efficient use of Pharmacy and Nursing personnel;
- d) improved drug monitoring;
- e) reduced drug inventories and enabled activity-based costing, i.e. patient-specific accounting of drug cost;
- f) reduced wastage and pilferage, i.e. improved drug use control;
- g) increased adaptability to computerized procedures, e.g., bar coding, automated packaging, ward-based point-of-use technology; and
- h) improved job satisfaction for health care professionals.

The Unit-Dose/I.V. Admixture system of drug distribution is safer for the patient, more efficient and economical for the institution, and provides optimized use of human resources.

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^a A 48-72 hour supply of medication may be acceptable in long-term care facilities.

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CSHP Mission:

CSHP is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.

