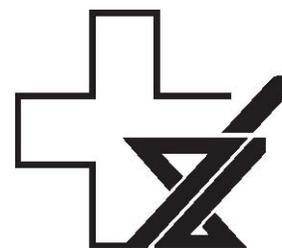


# STATEMENT ON UNIT-DOSE & INTRAVENOUS ADMIXTURE DRUG DISTRIBUTION



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<sup>a</sup>. 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.

## BIBLIOGRAPHY

- 1 American Society of Hospital Pharmacists. ASHP technical assistance bulletin on hospital drug distribution and control. *Am J Hosp Pharm* 1980; 37:1097-103.
- 2 American Society of Hospital Pharmacists. ASHP statement on unit dose drug distribution. *Am J Hosp Pharm* 1989; 46:2346.
- 3 Black HJ. Unit dose drug distribution: a 20-year perspective. *Am J Hosp Pharm* 1984;41:2086-8.
- 4 Canadian Society of Hospital Pharmacists, Task Force to Develop Guidelines on Unit Dose/IV Additive System. Unit dose – IV additive drug distribution (UD CIVA): justification, selling, implementation (a working paper). Toronto (ON): Canadian Society of Hospital Pharmacists; 1990.
- 5 Ragan R, Bond J, Major K, Kingsford T, Eidem L, Garrelts JC. Improved control of medication use with an integrated bar-code-packaging and distribution system. *Am J Health-Syst Pharm* 2005; 62:1075-9.
- 6 Sourcebook on unit dose drug distribution systems. Washington (DC): American Society of Hospital Pharmacists; 1978.
- 7 Summerfield MR. Unit dose primer. Bethesda (MD): American Society of Hospital Pharmacists; 1983.
- 8 Thompson KK, Scheckelhoff DJ. Unit dose packaging and patient safety [editorial]. *Am J Health-Syst Pharm* 2002; 59:2309.

<sup>a</sup> A 48-72 hour supply of medication may be acceptable in long-term care facilities.

*Statement on Unit Dose & Intravenous Admixture Drug Distribution*; first approved 1989; revised 1998, 2008