



Pharmacy Department Procedure Pharmacy Medical Record Documentation

A. EFFECTIVE DATE :

March 15, 2022

B. PURPOSE :

The purpose of this procedure is to provide guidance to pharmacists on the communication and documentation of their activities in a manner that will facilitate effective and safe use of medications and provide continuity of care.

C. SCOPE :

All pharmacy staff that are qualified to provide documentation in the UConn Health EMR.

D. DEFINITIONS :

None

E. MATERIAL(S) NEEDED :

None

F. PROCEDURE :

The Pharmacist has obligations to document activities related to drug therapy as part of the medical record and in pharmacy intervention documentation. Moreover, pharmacists provide interventions, recommendations, consultation, and counseling to patients and to health care practitioners verbally, or in writing by using literature based references or policies.

Communication

Patient-related intradepartmental communication: Methods used include morning report; change of shift report; electronic pharmacy documentation of interventions and monitoring; the pharmacist hand-off field in the Clinical Monitoring List; clinical meetings; and individual discussion with other pharmacists.

Patient-related interdepartmental communication: Methods used include notes in the chart and individual discussion with other providers. This communication should assist providers in maintaining the safety and efficacy of medication therapy and to reduce the potential for confusion or misinterpretation of a recommendation regarding drug therapy.

General Guidelines

Progress notes should be brief and concise. Pharmacist recommendations must be clear, legible and specific.

Progress notes should not replace discussion with physicians regarding patient therapy. All notes should be written courteously. They should not suggest confrontation or disagreement but should offer the pharmacist's opinion and recommendations.

Medication counseling by the pharmacist to patients and/or caregivers provided will be documented appropriately.

Corrections, Errors, and Addendums to Notes

Corrections of errors will be made with the appropriate electronic addendum.

An addendum will be added by the pharmacist when new information pertinent to the consultation or pharmacokinetic monitoring is available or was left out of the day's original note. Addendums will be signed.

Documentation of Notes

Documentation in progress notes may be in the form of a free form note or on an approved documentation template (e.g. Vancomycin Initial Progress Note).

G. ATTACHMENTS :

None

H. REFERENCES :

None

I. SEARCH WORDS :

Documentation, Medical Record, Pharmacist

J. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

K. STAKEHOLDER APPROVALS :

On File

L. COMMITTEE APPROVALS :

None

M. FINAL APPROVAL :

1. Bruce T. Liang, MD (Signed) 04/10/2022
Bruce T. Liang, MD Date
UConn Health Interim Chief Executive Officer

2. Anne D. Horbatuck (Signed) 03/29/2022
Anne D. Horbatuck, RN, BSN, MBA Date
Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) 04/04/2022
Scott Allen, MD Date
Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 03/31/2022
Caryl Ryan, MS, BSN, RN Date
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer

N. REVISION HISTORY :

Date Approved: 7/20/92

Date Revised: 9/19/93, 9/27/94, 11/17/97, 06/22/00, 07/14/09, 8/30/12, 7/17/15, 6/9/2017,
11/23/2019, 8/25/2021, 3/15/2022

Reviewed: 7/17/15, 6/9/2017, 11/23/2019, 08/25/2021