CLINICAL POLICY AND PROCEDURE

Rounding of Intravenous Blood Factors

A. EFFECTIVE DATE:
May 18, 2021

B. PURPOSE:
To guide proper order rounding and dispensing of intravenous blood factors

C. POLICY:

1. All patient-specific orders for intravenous blood factors may be subject to dose rounding to minimize waste and provide for optimal therapy.
2. The Pharmacy and Therapeutics Committee and the Hematology/Oncology Department has granted authorization to pharmacists to round intravenous blood factor and factor complex orders to plus or minus 10% of the prescribed dose, without need to contact the prescriber.

D. SCOPE:
Applies to all ordered blood intravenous factors

E. DEFINITIONS:
None

F. MATERIAL(S) NEEDED:
None

G. PROCEDURE:
Intravenous factors (including VII, VIII, IX, and X) and factor complexes are indicated for the management and treatment of bleeding disorders. Dosing regimens are based on a patient's body weight, the percent desired increase in factor activity and the location to prevent or treat a bleed. Subsequent doses are ordered based on the patient's clinical condition and pertinent lab results. Variable dosing recommendations, the expense of these agents, and the varying available dose packages strengths make dose rounding rules safe and practical for these agents.

The Pharmacist who receives the factor order will:

1. Review the regimen
2. Assess the available supply of the ordered factor(s)
3. Round the dose to plus or minus 10% of the prescribed dose
4. Change the original order to the rounded dose regimen either electronically or manually (if hand written)
5. Dispense the intravenous factor based on the above rounding rule

H. ATTACHMENTS:
None

I. REFERENCES:
Fahrenbruch, et al. Dose rounding of biologic and cytotoxic anticancer agents: a position statement of the hematology/oncology pharmacy association. *JCO OncolPract.* 2018;14(3):1-8. doi:10.1200/JOP.2017.025411

J. SEARCH WORDS:
Rounding, Intravenous Blood Factors

K. 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.

L. STAKEHOLDER APPROVALS:
On File

M. COMMITTEE APPROVALS:
Pharmacy and Therapeutics Committee 4/24/2019

N. FINAL APPROVAL:

1. Bruce T. Liang, MD (Signed) 11/08/2022
Bruce T. Liang, MD Date
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine

2. Anne Horbatuck (Signed) 11/02/2022
Anne D. Horbatuck, RN, BSN, MBA Date
Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) 11/04/2022
Scott Allen, MD Date
Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 11/04/2022
Caryl Ryan, MS, BSN, RN Date
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer

O. REVISION HISTORY:
Date Approved: 12/15/92
Revised: 2/21/19, 3/26/2021
Reviewed: 3/26/2021