

**STP 8-91Q15-SM-TG**

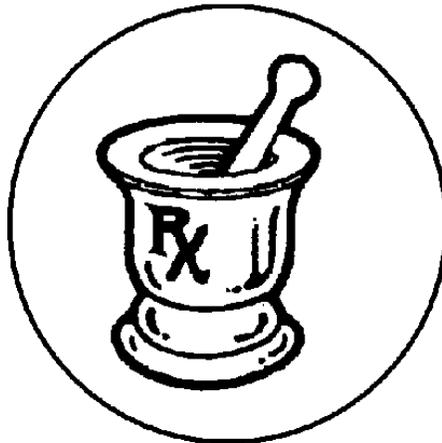
# **SOLDIER'S MANUAL AND TRAINER'S GUIDE**

**MOS 91Q**

**PHARMACY  
SPECIALIST**

**SKILL LEVELS 1/2/3/4/5**

**APRIL 2003**



**HEADQUARTERS, DEPARTMENT OF THE ARMY**

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**SOLDIER'S MANUAL  
SKILL LEVELS 1/2/3/4/5  
AND  
TRAINER'S GUIDE  
MOS 91Q  
PHARMACY SPECIALIST**

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## PREFACE

This publication is for skill level 1, 2, 3, 4, and 5 soldiers holding military occupational specialty (MOS) 91Q and for trainers and first-line supervisors. It contains standardized training objectives, in the form of task summaries, to train and evaluate soldiers on critical tasks that support unit missions during wartime. Trainers and first-line supervisors should ensure soldiers holding MOS/SL 91Q1/2/3/4/5 have access to this publication. This STP is available for download from the Reimer Digital Library (RDL).

This manual applies to both Active and Reserve Component soldiers.

The proponent of this publication is HQ, TRADOC. Send comments and recommendations on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Academy of Health Sciences, ATTN: MCCS-HTI, 1750 Greeley Rd, STE 135, Fort Sam Houston, TX 78234-5078.

## CHAPTER 1

### Introduction

#### 1-1. General

This manual identifies the individual MOS training requirements for soldiers in MOS 91Q. Commanders, trainers, and soldiers should use it to plan, conduct, and evaluate individual training in units. This manual is the primary MOS reference to support the self-development and training of every soldier.

Use this manual with Soldier's Manuals of Common Tasks (STP 21-1-SMCT and STP 21-24-SMCT), Army Training and Evaluation Programs (ARTEPs), and FM 25-101, Battle Focused Training, to establish effective training plans and programs that integrate soldier, leader, and collective tasks.

#### 1-2. Battle Focused Training

As described in FM 25-100, Training the Force, and FM 25-101, Battle Focused Training, the commander must first define the mission essential task list (METL) as the basis for unit training. Unit leaders use the METL to identify the collective, leader, and soldier tasks which support accomplishment of the METL. Unit leaders then assess the status of training and lay out the training objectives and the plan for accomplishing needed training. After preparing the long- and short-range plans, leaders then execute and evaluate training. Finally, the unit's training preparedness is reassessed, and the training management cycle begins again. This process ensures that the unit has identified what is important for the wartime mission, that the training focus is applied to the necessary training, and that training meets established objectives and standards.

Additionally, the AMEDD is developing training products that will enhance medical preparedness in the case of a Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive (CBRNE) event. To assist commanders and leaders in training their units, CBRNE-related information is being included in AMEDD Mission Training Plans (MTPs). Even though most collective tasks within an MTP may directly affect or support a CBRNE event, the ones that will most directly be impacted are clearly indicated with a statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT." These collective tasks and any supporting individual tasks in this soldier's manual should be considered for training emphasis. Also included in the MTP is a CBRNE Appendix. The purpose of the appendix is to give a general overview of the Federal Response Plan, the AMEDD support role, and the command structure for those agencies and elements involved or participating in a CBRNE event. It is understood that military resources temporarily support and augment, but do not replace local, state, and federal civilian agencies having primary authority and responsibility for domestic disaster assistance.

#### 1-3. Relationship of Soldier Training Publications (STPs) to Battle Focused Training

The two key components of enlisted STPs are the Trainer's Guide (TG) and Soldier's Manual (SM). The TG and SM give leaders important information to help in the battle focused training process. The TG relates soldier and leader tasks in the MOS and SL to duty positions and equipment. It provides information on where the task is trained, how often training should occur

to sustain proficiency, and who in the unit should be trained. As leaders go through the assessment and planning stages, they should use the TG as an important tool in identifying what needs to be trained.

The execution and evaluation of soldier and leader training should rely on the Armywide training objectives and standards in the SM task summaries. The task summaries ensure that soldiers in any unit or location have the same definition of task performance and that trainers evaluate the soldiers to the same standard.

#### **1-4. Task Summaries**

Task summaries contain information necessary to conduct training and evaluate soldier proficiency on tasks critical to the MOS. A separate task summary is provided for each critical task. These task summaries are, in effect, standardized training objectives which ensure that soldiers do not have to relearn a task on reassignment to a new unit. The format for the task summaries included in this manual is as follows:

- **Task Title.** The task title identifies the action to be performed.
- **Task Number.** A 10-digit number identifies each task or skill. Include this task number, along with task title, in any correspondence relating to the task.
- **Conditions.** The task conditions identify all the equipment, tools, references, job aids, and supporting personnel that the soldier needs to perform the task in wartime. This section identifies any environmental conditions that can alter task performance, such as visibility, temperature, and wind. This section also identifies any specific cues or events that trigger task performance.
- **Standards.** The task standards describe how well and to what level you must perform a task under wartime conditions. Standards are typically described in terms of accuracy, completeness, and/or speed.
- **Performance Steps.** This section includes a detailed outline of information on how to perform the task.
- **Evaluation Preparation (when used).** This subsection indicates necessary modifications to task performance in order to train and evaluate a task that cannot be trained to the wartime standard under wartime conditions. It may also include special training and evaluation preparation instructions to accommodate these modifications and any instruction that should be given to the soldier before evaluation.
- **Performance Measures.** This evaluation guide identifies the specific actions that the soldier must do to successfully complete the task. These actions are listed in a GO/NO-GO format for easy evaluation. Each evaluation guide contains a feedback statement that indicates the requirements for receiving a GO on the evaluation.
- **References.** This section identifies references that provide more detailed and thorough explanations of task performance requirements than that given in the task summary description.

Additionally, some task summaries include safety statements and notes. Safety statements (danger, warning, and caution) alert users to the possibility of immediate death, personal injury, or damage to equipment. Notes provide a small, extra supportive explanation or hint relative to the performance measures.

## 1-5. Soldier's Responsibilities

Each soldier is responsible for performing individual tasks which the first-line supervisor identifies based on the unit's METL. The soldier must perform the tasks to the standards listed in the SM. If a soldier has a question about how to do a task or which tasks in this manual he or she must perform, it is the soldier's responsibility to ask the first-line supervisor for clarification. The first-line supervisor knows how to perform each task or can direct the soldier to the appropriate training materials.

## 1-6. NCO Self-Development and the Soldier's Manual

Self-development is one of the key components of the leader development program. It is a planned progressive and sequential program followed by leaders to enhance and sustain their military competencies. It consists of individual study, research, professional reading, practice, and self-assessment. Under the self-development concept, the NCO, as an Army professional, has the responsibility to remain current in all phases of the MOS. The SM is the primary source for the NCO to use in maintaining MOS proficiency.

Another important resource for NCO self-development is the Army Correspondence Course Program (ACCP). Refer to DA Pamphlet 350-59 for information on enrolling in this program and for a list of courses, or write to: AMEDDC&S, ATTN: MCCS-HSN, 2105 11TH STREET SUITE 4191, FORT SAM HOUSTON TX 78234-5064.

Unit learning centers are valuable resources for planning self-development programs. They can help access enlisted career maps, training support products, and extension training materials. A life cycle management diagram for MOS 91Q soldiers is on page 1-4. You can find more information and check for updates to this diagram at <http://das.cs.amedd.army.mil/ooc.htm> (scroll down to LIFE CYCLE MANAGEMENT, select ENLISTED, and find the appropriate tab along the bottom.) This information, combined with the MOS Training Plan in Chapter 2, forms the career development model for the MOS.

## 1-7. Trainer's Responsibilities

Training soldier and leader tasks to standard and relating this training to collective mission-essential tasks is the NCO trainer's responsibility. Trainers use the steps below to plan and evaluate training.

- Identify soldier and leader training requirements. The NCO determines which tasks soldiers need to train on using the commander's training strategy. The unit's METL and ARTEP and the MOS Training Plan (MTP) in the TG are sources for helping the trainer define the individual training needed.
- Plan the training. Training for specific tasks can usually be integrated or conducted concurrently with other training or during "slack periods." The unit's ARTEP can assist in identifying soldier and leader tasks which can be trained and evaluated concurrently with collective task training and evaluation.
- Gather the training references and materials. The SM task summary lists all references which can assist the trainer in preparing for the training of that task.

MOS 91Q  
PHARMACY SPECIALIST  
CAREER/TRAINING LIFE CYCLE

RANK	AMEDD Course NR	TRAINING	LENGTH	LOCATION	ATTENDANCE REQUIREMENT	Self-Development Course NR	SELF-DEVELOPMENT	LENGTH	LOCATION	ATTENDANCE REQUIREMENT
E1 - E5		Basic Combat Training Course	9 wks	Ft. LW/Ft. Sill Ft. Jackson Ft. Benning	IET		Army Correspondence Course Program			
	<a href="#">312-91Q10</a>	<a href="#">Pharmacy Specialist 91Q10</a>	19 wks	FSH, TX	IET/MOS	<a href="#">081-CBRNE-W</a>	<i>Introduction to CBRNE</i>		On-Line	Just in Time
		PLDC	4 wks	Multiple sites	Leadership	<a href="#">081-91W10</a>	Healthcare Specialist Sustainment		Correspondence	Sustainment
	<a href="#">6-8-C40(91Q30)</a>	<a href="#">AMEDD NCO BASIC (NCOES)</a>	7 Wks 1 Day	FSH, TX	Leadership	<a href="#">081-MD0010</a>	Basic Medical Terminology		Correspondence	Sustainment
		BASELINE	REQUIRED	RECOMMENDED	PROFIS	<a href="#">081-MD0532</a>	CPR		Correspondence	Sustainment
		Cardio Pulmonary Resuscitation (CPR)	X		X/TDA & TOE	<a href="#">081-MD0802</a>	PHARMACEUTICAL CALCULATIONS		Correspondence	Sustainment
		Basic Life Support (BLS)		X		<a href="#">081-MD0803</a>	GENERAL CHEMISTRY		Correspondence	JIT/SUS
		Emergency Medical Training (EMT)		X		<a href="#">081-MD0804</a>	Pharmacology I		Correspondence	Sustainment
		Field Management of Chemical & Biological Casualties (FMCBC)		X	X/TOE	<a href="#">081-MD0805</a>	Pharmacology II		Correspondence	Sustainment
		National Certification through the Pharmacy Technician Certification Board		X	X	<a href="#">081-MD0806</a>	Pharmacology III		Correspondence	Sustainment
E6 - E9		Instructor Courses				<a href="#">081-MD0807</a>	Pharmacology IV		Correspondence	Sustainment
	<a href="#">5K-F3/520-F3</a>	<a href="#">Instructor Training Course</a>	2 weeks	AHS	JIT/SI (5K)	<a href="#">081-MD0808</a>	Pharmacology V		Correspondence	Sustainment
	<a href="#">5K-F6/520-F6</a>	Sm Grp Ldr Crse	2 weeks	AHS	JIT	<a href="#">081-MD0809</a>	Introduction to Compounding and Manufacturing		Correspondence	Sustainment
	250-AS12S	<a href="#">Battle Staff NCO</a>	4 Wks, 1 Day	USASMA (Ft. Bliss)	Optional	<a href="#">081-MD0810</a>	Outpatient Dispensing		Correspondence	Sustainment
		Recruiter	6 wks	USAREC	Just in time	<a href="#">081-MD0811</a>	Inpatient Dispensing		Correspondence	Sustainment
		Drill Sgt School	9 wks	Multiple Sites	Just in Time SQI-X	<a href="#">081-MD0812</a>	Topics in Pharmacy Administration		Correspondence	Sustainment
	<a href="#">6-8-C42</a>	<a href="#">AMEDD NCO Advanced (NCOES)</a>	5 Weeks	FSH, TX	Leadership	<a href="#">081-MD0813</a>	Supply Procedures for the Pharmacy Specialist		Correspondence	Sustainment
	1-250-C5	<a href="#">U.S. ARMY SERGEANTS MAJOR</a>	38 Wks, 2 Days	USASMA (Ft. Bliss)	Just in time MEL-A	081-MD1550	ASMART		Correspondence	Sustainment
	521-F1	<a href="#">Command Sergeant Major Course</a>	1 wk	USASMA	Leadership	<a href="#">081-91Q</a>	Pharmacy Specialist Sustainment Course		Correspondence	Sustainment
	521-SQIM	<a href="#">First Sergeant Course</a>	8 wks	USASMA	Just in time SQI-M		AMEDD S2/S3 Course		Correspondence	Just in Time
<b>NOTE: Converts to MOS 91Z at the E9 level.</b>							PPSCP			
						300-A0704	75/71 Personnel/Retention Legal/EO	4 days	SA, TX	Just in Time
						300-A0716	Enlisted Clinical Support NCO (91K/91P/91Q)	4 days	SA, TX	Sustainment
						340-A0715	MEDCOM CSM/SGM SR NCO	4 Days	SA, TX	Optional
						340-A0743	CSM/SGM SR NCO Course	4 days	Landstuhl, Germany	Leadership
						<a href="#">6H-F21</a>	Hematology/Oncology Pharmacy Services	2 wks	WRAMC	Just in Time
							Specialty Courses			
						<a href="#">5K-F13/520-F10</a>	<i>CBRNE TRAINER EVALUATOR</i>	2 Days	Fort Sam Houston, TX	Just in Time
						<a href="#">5K-F7/520-F7</a>	ADVANCED INSTRUCTOR TRAINING COURSE (Ph 1&2)	1 Wk, 3 Days	FSH, TX	
						<a href="#">5K-F8/520-F8</a>	EDUCATION AND TRAINING FOR THE 21ST CENTURY	4 wks	FSH, TX	

- Determine risk assessment and identify safety concerns. Analyze the risk involved in training a specific task under the current conditions at the time of scheduled training. Ensure that your training preparation takes into account those cautions, warnings, and dangers associated with each task.
- Train each soldier. Show the soldier how the task is done to standard, and explain step-by-step how to do the task. Give each soldier one chance to do the task step-by-step.
- Emphasize training in mission-oriented protective posture (MOPP) level 4 clothing. Soldiers have difficulty performing even the very simple tasks in an NBC environment. The combat effectiveness of the soldier and the unit can degrade quickly when trying to perform in MOPP 4. Practice is the best way to improve performance. The trainer is responsible for training and evaluating soldiers in MOPP 4 so that they are able to perform critical wartime tasks to standards under NBC environment conditions.
- Check each soldier. Evaluate how well each soldier performs the tasks in this manual. Conduct these evaluations during individual training sessions or while evaluating soldier proficiency during the conduct of unit collective tasks. This manual provides an evaluation guide for each task to enhance the trainer's ability to conduct year-round, hands-on evaluations of tasks critical to the unit's mission. Use the information in the MTP as a guide to determine how often to train the soldier on each task to ensure that soldiers sustain proficiency.
- Record the results. The leader book referred to in FM 25-101, appendix B, is used to record task performance and gives the leader total flexibility on the method of recording training. The trainer may use DA Forms 5164-R (Hands-On Evaluation) and 5165-R (Field Expedient Squad Book) as part of the leader book. The forms are optional and locally reproducible. STP 21-24-SMCT contains a copy of the forms and instructions for their use.
- Retrain and evaluate. Work with each soldier until he or she can perform the task to specific SM standards.

## **1-8. Training Tips for the Trainer**

Prepare yourself.

- Get training guidance from your chain of command on when to train, which soldiers to train, availability of resources, and a training site.
- Get the training objective (task, conditions, and standards) from the task summary in this manual.
- Ensure you can do the task. Review the task summary and the references in the reference section. Practice doing the task or, if necessary, have someone train you on the task.
- Choose a training method.
- Prepare a training outline consisting of informal notes on what you want to cover during your training session.
- Practice your training presentation.

Prepare the resources.

- Obtain the required resources identified in the conditions statement for each task.
- Gather equipment and ensure it is operational.
- Coordinate for use of training aids and devices.
- Prepare the training site according to the conditions statement and evaluation preparation section of the task summary, as appropriate.

Prepare the soldiers.

- Tell the soldier what task to do and how well it must be done. Refer to the standards statement and evaluation preparation section for each task as appropriate.
- Caution soldiers about safety, environment, and security.
- Provide any necessary training on basic skills that soldiers must have before they can be trained on the task.
- Pretest each soldier to determine who needs training in what areas by having the soldier perform the task. Use DA Form 5164-R and the evaluation guide in each task summary to make this determination.

**NOTE:** Deficiencies noted in soldiers' ability to perform critical tasks taught in schools or by extension training materials should be reported to the proponent school.

Train the soldiers who failed the pretest.

- Demonstrate how to do the task or the specific performance steps to those soldiers who could not perform to SM standards. Have soldiers study the appropriate materials.
- Have soldiers practice the task until they can perform it to SM standards.
- Evaluate each soldier using the evaluation guide.
- Provide feedback to those soldiers who fail to perform to SM standards and have them continue to practice until they can perform to SM standards.

Record results in the leader book.

## 1-9. Training Support

This manual includes the following information which provides additional training support information.

- Appendix A, DA Form 5165-R (Field Expedient Squad Book). This appendix provides an overprinted copy of DA Form 5165-R for the tasks in this MOS. The NCO trainer can use this form to set up the leader book described in FM 25-101, appendix B. The use of this form may help preclude writing the soldier tasks associated with the unit's mission essential task list, and can become a part of the leader book.
- Glossary. The glossary, which follows the last appendix, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.
- References. This section contains two lists of references, required and related, which support training of all tasks in this SM. Required references are listed in the conditions statement and are required for the soldier to do the task. Related references are materials which provide more detailed information and a more thorough explanation of task performance.



## CHAPTER 2

### Trainer's Guide

**2-1. General.** The MOS Training Plan (MTP) identifies the essential components of a unit training plan for individual training. Units have different training needs and requirements based on differences in environment, location, equipment, dispersion, and similar factors. Therefore, the MTP should be used as a guide for conducting unit training and not a rigid standard. The MTP consists of two parts. Each part is designed to assist the commander in preparing a unit training plan which satisfies integration, cross training, training up, and sustainment training requirements for soldiers in this MOS.

Part One of the MTP shows the relationship of an MOS skill level between duty position and critical tasks. These critical tasks are grouped by task commonality into subject areas.

Section I lists subject area numbers and titles used throughout the MTP. These subject areas are used to define the training requirements for each duty position within an MOS.

Section II identifies the total training requirement for each duty position within an MOS and provides a recommendation for cross training and train-up/merger training.

- **Duty Position column.** This column lists the duty positions of the MOS, by skill level, which have different training requirements.
- **Subject Area column.** This column lists, by numerical key (see Section I), the subject areas a soldier must be proficient in to perform in that duty position.
- **Cross Train column.** This column lists the recommended duty position for which soldiers should be cross trained.
- **Train-up/Merger column.** This column lists the corresponding duty position for the next higher skill level or MOSC the soldier will merge into on promotion.

Part Two lists, by general subject areas, the critical tasks to be trained in an MOS and the type of training required (resident, integration, or sustainment).

- **Subject Area column.** This column lists the subject area number and title in the same order as Section I, Part One of the MTP.
- **Task Number column.** This column lists the task numbers for all tasks included in the subject area.
- **Title column.** This column lists the task title for each task in the subject area.
- **Training Location column.** This column identifies the training location where the task is first trained to soldier training publications standards. If the task is first trained to standard in the unit, the word "Unit" will be in this column. If the task is first trained to standard in the training base, it will identify, by brevity code (ANCOC, BNCOC, etc.), the resident course where the task was taught. Figure 2-1 contains a list of training locations and their corresponding brevity codes.

<b>AIT</b>	Advanced Individual Training
<b>UNIT</b>	Trained in the Unit
<b>ANCOC</b>	Advanced NCO Course
<b>BNCOC</b>	Basic NCO Course

Figure 2-1. Training Locations

- **Sustainment Training Frequency column.** This column indicates the recommended frequency at which the tasks should be trained to ensure soldiers maintain task proficiency. Figure 2-2 identifies the frequency codes used in this column.

<b>BA</b>	- Biannually
<b>AN</b>	- Annually
<b>SA</b>	- Semiannually
<b>QT</b>	- Quarterly
<b>MO</b>	- Monthly
<b>BW</b>	- Bi-weekly
<b>WK</b>	- Weekly

Figure 2-2. Sustainment Training Frequency Codes

- **Sustainment Training Skill Level column.** This column lists the skill levels of the MOS for which soldiers must receive sustainment training to ensure they maintain proficiency to soldier's manual standards.

**2-2. Part One, Section I. Subject Area Codes.**

**Skill Level 1**

- 1 Prescriptions
- 2 Unit Dose
- 3 Sterile Products
- 4 Manufacturing/Prepackaging
- 5 Controlled Drugs
- 6 Supply/Support
- 7 Pharmaceutical Quality Assurance

**Skill Level 2**

- 8 Pharmaceutical Quality Assurance (Advanced)

**Skill Level 3**

- 9 Administration

**Skill Level 4**

- 10 Pharmacy Administration (Advanced)

**2-3. Part One, Section II. Duty Position Training Requirements.**

	<b>DUTY POSITION</b>	<b>SUBJECT AREAS</b>	<b>CROSS TRAIN</b>	<b>TRAIN-UP/MERGER</b>
SL 1	Pharmacy Specialist	1-7	NA	91Q2 Pharmacy Sergeant
SL 2	Pharmacy Sergeant	1-8	NA	91Q3 Pharmacy NCO
SL 3	Pharmacy NCO	1-9	NA	91Q4 Pharmacy NCO
SL 4	Pharmacy NCO	1-10	NA	NA
SL 5	Senior Pharmacy NCO	1-10	NA	91Z5 Chief Medical NCO

**2-4. Part Two. Critical Tasks List.**

**MOS TRAINING PLAN  
91Q15**

**CRITICAL TASKS**

<b>Subject Area</b>	<b>Task Number</b>	<b>Title</b>	<b>Training Location</b>	<b>Sust Tng Freq</b>	<b>Sust Tng SL</b>
<b>Skill Level 1</b>					
1. Prescriptions	081-824-0001	SCREEN NEW AND/OR REFILL PRESCRIPTIONS	AIT	AN	1-5
	081-824-0047	FILL OUTPATIENT PRESCRIPTIONS FOR NONCONTROLLED DRUGS	AIT	AN	1-5
	081-824-0046	FILL OUTPATIENT PRESCRIPTIONS FOR CONTROLLED DRUGS	AIT	AN	1-5
	081-824-0028	DISPENSE OUTPATIENT MEDICATIONS	AIT	AN	1-5
2. Unit Dose	081-824-0013	SCREEN A UNIT DOSE ORDER	AIT	AN	1-5
	081-824-0014	FILL UNIT DOSE ORDERS	AIT	AN	1-5
	081-824-0015	MAINTAIN INPATIENT MEDICATION PROFILES	AIT	AN	1-5
3. Sterile Products	081-824-0021	SCREEN A STERILE PRODUCT ORDER	AIT	AN	1-5
	081-824-0023	PREPARE STERILE PRODUCTS	AIT	AN	1-5
	081-824-0025	MAINTAIN AN ASEPTIC WORK ENVIRONMENT IN STERILE PRODUCT AREA	AIT	AN	1-5
	081-831-0008	PUT ON STERILE GLOVES	AIT	AN	1-5
4. Manufacturing/Prepackaging	081-824-0016	COMPOUND PHARMACEUTICALS	AIT	AN	1-5
	081-824-0072	PREPACKAGE MEDICATIONS	AIT	AN	1-5
5. Controlled Drugs	081-824-0010	ISSUE CONTROLLED SUBSTANCES	AIT	AN	1-5
	081-824-0034	INVENTORY CONTROLLED SUBSTANCES	AIT	AN	1-5
	081-824-0035	POST DEBITS OR CREDITS ON CONTROLLED SUBSTANCES STOCK RECORD	AIT	AN	1-5
	081-824-0036	SCREEN A CONTROLLED SUBSTANCE ORDER FROM A MEDICATION USE AREA	AIT	AN	1-5

## CRITICAL TASKS

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
	081-824-0037	FILL A WARD ORDER FOR CONTROLLED SUBSTANCES	AIT	AN	1-5
	081-824-0038	PROCESS EXCESS OR EXPIRED CONTROLLED SUBSTANCES	AIT	AN	1-5
6. Supply/Support	081-824-0008	SCREEN A BULK DRUG ORDER	AIT	AN	1-5
	081-824-0009	FILL BULK DRUG ORDERS	AIT	AN	1-5
	081-824-0018	INVENTORY NONCONTROLLED PHARMACY SUPPLIES AND MATERIALS	AIT	AN	1-5
	081-824-0019	RECEIVE PHARMACY SUPPLIES AND MATERIALS	AIT	AN	1-5
	081-824-0020	STORE PHARMACY SUPPLIES AND MATERIALS	AIT	AN	1-5
	081-824-0040	RESTOCK ANAPHYLACTIC TRAYS OR CRASH CARTS	AIT	AN	1-5
	081-824-0053	REQUISITION PHARMACEUTICALS	AIT	AN	1-5
	081-824-0058	INVENTORY PHARMACEUTICALS IN MEDICATION USE AREAS	AIT	AN	1-5
	081-824-0060	CALCULATE PHARMACEUTICAL STOCK LEVELS	AIT	AN	1-5
	081-824-0063	PACK PHARMACEUTICAL SUPPLIES FOR DEPLOYMENT	AIT	AN	1-5
	101-92Y-1401	PREPARE A DOCUMENT REGISTER	AIT	AN	1-5
	101-525-1141	MAINTAIN A DOCUMENT REGISTER (NON-AUTOMATED)	AIT	AN	1-5
7. Pharmaceutical Quality Assurance	081-824-0055	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON PHARMACY EQUIPMENT	AIT	AN	1-5
	081-824-0033	CONDUCT MEDICATION USE AREA INSPECTIONS (WARD/CLINIC)	AIT	AN	1-5
	081-824-0049	PREPARE ADVERSE DRUG EVENT REPORTS	AIT	AN	1-5

## CRITICAL TASKS

Subject Area	Task Number	Title	Training Location	Sust Tng Freq	Sust Tng SL
<b>Skill Level 2</b>					
8. Pharmaceutical Quality Assurance (Advanced)	081-824-0027	EVALUATE A COMPLETED PRESCRIPTION	UNIT	AN	2-5
	081-824-0029	EVALUATE A COMPLETED UNIT DOSE ORDER	UNIT	AN	2-5
	081-824-0031	EVALUATE A COMPLETED STERILE PRODUCTS ORDER	UNIT	AN	2-5
	081-824-0052	EVALUATE A COMPLETED ORDER FOR CONTROLLED SUBSTANCES	UNIT	AN	2-5
	081-824-0054	EVALUATE A COMPLETED BULK DRUG ORDER	UNIT	AN	2-5
	081-824-0061	EVALUATE COMPLETED COMPOUNDED AND PREPACKAGED MEDICATIONS	UNIT	AN	2-5
<b>Skill Level 3</b>					
9. Administration	081-824-0044	MAINTAIN HOSPITAL FORMULARY	BNCOC	AN	3-5
	081-824-0050	MAINTAIN PHARMACY ADMINISTRATIVE FILES	BNCOC	AN	3-5
	081-824-0062	PLAN FIELD PHARMACY LAYOUT	BNCOC	AN	3-5
	081-824-0064	PREPARE PHARMACY WORK UNIT REPORTS	BNCOC	AN	3-5
	081-824-0083	MAINTAIN INVESTIGATIONAL DRUG ACCOUNTABILITY	BNCOC	AN	3-5
<b>Skill Level 4</b>					
10. Pharmacy Administration (Advanced)	081-824-0042	MANAGE PHARMACY SECURITY PROGRAMS	ANCOC	AN	4-5
	081-824-0059	MANAGE PHARMACY SAFETY PROGRAM	ANCOC	AN	4-5

## CHAPTER 3

### MOS/Skill Level Tasks

#### Skill Level 1

#### Subject Area 1: Prescriptions

### SCREEN NEW AND/OR REFILL PRESCRIPTIONS

#### 081-824-0001

**Conditions:** You are working in the outpatient pharmacy. A prescription is presented to the pharmacy to be filled or has been electronically entered into the Composite Health Care System (CHCS). You will need signature card (DD Form 577) file or other means to verify physician's signature, formulary or drug list, medication reference materials, and automated or manual prescription numbering system.

**Standards:** The prescription was screened with 100% accuracy.

#### Performance Steps

1. Greet the patient and receive the prescription.
2. Check the patient's ID card to ensure identity and eligibility.

*NOTE:* If the patient does not have an ID Card, send the patient to the patient administration desk to obtain a DEERS statement of eligibility.

3. Check the prescription or refill request form for completeness, legibility, and general information.
  - a. Patient's full name, address, and telephone number.
  - b. Sponsor's social security number.
  - c. Patient's family member prefix (FMP).
  - d. Patient's age and weight, if under 12 years of age.
  - e. Date written/requested.
  - f. Name, strength, and amount of medication to be dispensed.
  - g. Directions (signa) to the patient.
  - h. Correct dosage and indication (if possible).
  - i. Authorized prescriber's signature.

*NOTE:* The prescriber's full name, rank, branch of service, and identification number/social security number, must be printed, stamped, or typed on all prescriptions for controlled substances. Civilian prescribers, including contract physicians, are required to use their DEA number in lieu of their social security number on all prescriptions for controlled substances. Prescriptions for controlled substances should have the quantity spelled out on hard copy prescriptions.

4. Verify the prescription has an authorized refill as applicable.

5. Ask the patient if he or she has any drug allergies and if they are on any other medications.

*NOTE:* If the patient has an allergy, ask the patient to relate the type of reaction and annotate the reaction on the prescription in red or document in the allergy field of the CHCS database.

**Performance Steps**

6. Check the prescriber's signature against the signature card file or master signature list.
7. Check the availability of the medication and dosage form against the formulary or drug list.
8. Consult the prescriber, if abnormalities exist.
  - a. Incorrect or unclear dosage or indication.
  - b. Prescribing outside prescriber's limits or against locally imposed prescribing policies.
  - c. Illegible or incomplete prescriptions.
  - d. If the medication is not stocked or is temporarily out of stock.
9. Assign the prescription a prescription number.

*NOTE:* Most prescription numbers are now computer generated; refill prescriptions will utilize the same prescription number.

- a. The prescription is assigned a number according to its classification.
    - (1) Regular.
    - (2) Note R (Schedule II).
    - (3) Note Q (Schedule III, IV, V).
  - b. The prescription is numbered consecutively within its classification.
10. Inform the patient of any prescriptions that can't be filled by the pharmacy.
  11. Inform the patient of the approximate waiting time, if applicable.
  12. Accept the prescription request for filling.

*NOTE:* Electronic prescriptions other than CHCS generated prescriptions (facsimile), are screened in the same manner as above. The acceptance of such prescriptions is in accordance with (IAW) state law. Automated refill requests (internet, intranet, and/or automated call-systems) should be screened using the above steps, however, screening may be modified IAW software checks or local pharmacy policy.

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Greeted the patient and received the prescription.	_____	_____
2. Checked the patient's ID card to ensure identity and eligibility.	_____	_____
3. Checked the prescription or refill request form for completeness, legibility, and general information.	_____	_____
4. Verified the prescription has an authorized refill as applicable.	_____	_____
5. Asked the patient if they have any drug allergies.	_____	_____
6. Checked the prescriber's signature against the signature card file or master signature list.	_____	_____
7. Checked the availability of the medication and dosage form against the formulary or drug list.	_____	_____
8. Consulted the prescriber if abnormalities existed.	_____	_____
9. Assigned the prescription a prescription number.	_____	_____

**Performance Measures**

**GO**      **NO**  
**GO**

- |                                                                                     |   |   |
|-------------------------------------------------------------------------------------|---|---|
| 10. Informed the patient of any prescriptions that can't be filled by the pharmacy. | — | — |
| 11. Informed the patient of the approximate waiting time, if applicable.            | — | — |
| 12. Accepted the prescription request for filling.                                  | — | — |

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
 None

**Related**  
 AR 40-3  
 AR 40-48  
 FM 8-260

## FILL OUTPATIENT PRESCRIPTIONS FOR NONCONTROLLED DRUGS

081-824-0047

**Conditions:** You are working in the outpatient pharmacy. You have received a request for a non-controlled drug that has already been screened and is ready to be filled. You will need medications requested, formulary or drug list, medication reference materials, counting tray and spatula or graduate, labels, auxiliary labels, a typewriter or computer with printer, and bottles or vials. Automated dispensing equipment may be available.

**Standards:** The prescription was filled and labeled with 100% accuracy.

### Performance Steps

1. Type/Edit the prescription label without error to include:

a. Patient's first and last name; last four numbers of the sponsor's SSN.

*NOTE:* Pharmacy labels are usually preprinted with the facility name, address, and telephone number.

b. Directions (signa) to the patient.

*NOTE:* Must contain an action verb, route of administration, and schedule.

c. Name, strength, and amount of drug.

d. Refill information.

*NOTE:* If no refill is given, "No Refill" or "NR" should be typed on the label. Ensure that a refill has been deducted if this is a refill prescription.

e. Prescription number.

f. Date the prescription is filled.

g. Physician's last name.

h. Typist's initials.

*NOTE:* Ensure correct spelling.

2. Double-check the label against the original prescription.

*NOTE:* If the prescription has already been entered electronically into CHCS (new or refill) the label information may be reviewed on-line, when the label prints out, or after the prescription is filled/completed.

3. Select the correct drug formulation.

a. Correct generic or trade name.

b. Correct strength.

c. Correct dosage form.

d. Correct quantity.

*NOTE:* If a trade name is requested and a generic substitution is made, put a single line through the trade name and write in the generic name above it; however, generic substitutions will not be made on prescriptions written by civilian prescribers unless authorized by the prescriber.

4. Check the original medication container against the prescription.

5. Check for expired or mixed medication.

6. Count or pour the medication and package it in an appropriate container for dispensing to the patient.

a. The medication should be packaged in the most compact container available.

**Performance Steps**

- b. The medication should be placed in a child-resistant container, unless the patient or physician requests alternative packaging.
- c. Medication that must be obtained quickly for life-threatening medical conditions must not be dispensed in child-resistant containers.

7. Initial the prescription/refill request (hard copy only) and prepared label.

8. Properly affix the label to the container.

*NOTE:* Ensure that the label is placed squarely on the vial or package.

9. Select the proper auxiliary label (s).

10. Affix the auxiliary label(s) to the container without covering the primary label.

11. Set aside completed prescription for checking by a competent and authorized second source prior to dispensing.

*NOTE:* If the medication is filled from a large stock bottle have the original container available for checking.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Typed/Edited the prescription label without error.	_____	_____
2. Double-checked the label against the original prescription or reviewed on-line.	_____	_____
3. Selected the correct drug formulation.	_____	_____
4. Checked the original medication container against the prescription.	_____	_____
5. Checked for expired or mixed medication.	_____	_____
6. Counted or poured the medication and packaged it in an appropriate container for dispensing to the patient.	_____	_____
7. Initialed the prescription/refill request (hard copy only) and prepared label.	_____	_____
8. Properly affixed the label to the container.	_____	_____
9. Selected the proper auxiliary label (s).	_____	_____
10. Affixed the auxiliary label(s) to the container without covering the primary label.	_____	_____
11. Set aside completed prescription for checking by a competent and authorized second source prior to dispensing.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**  
**Required**  
None

**Related**  
AR 40-3  
AR 40-48  
FM 8-260

## FILL OUTPATIENT PRESCRIPTIONS FOR CONTROLLED DRUGS

### 081-824-0046

**Conditions:** You are working in the outpatient pharmacy. You have received a screened prescription for a controlled drug that is ready to be filled. You will need medications requested, formulary or drug list, medication reference materials, DA Form 3862 or electronic equivalent for each controlled substances, locally designed controlled substances prescription log, counting tray and spatula or graduate, labels, auxiliary labels, a typewriter or computer with printer, and bottles or vials. Automated dispensing equipment may be available.

**Standards:** The prescription was filled with 100% accuracy.

### Performance Steps

1. Type/Edit the prescription label without error to include:

- a. Patient's first and last name; last four numbers of the sponsor's social security number.

*NOTE:* Pharmacy labels are usually preprinted with the facility name, address, and telephone number.

- b. Directions (signa) to the patient.

*NOTE:* Must contain an action verb, route of administration, and schedule.

- c. Name, strength, and amount of drug.
- d. Refill information.

*NOTE:* If no refill is authorized, "No Refill" or "NR" should be typed on the label. Ensure that a refill has been deducted if this is a refill prescription.

- e. Prescription number.
- f. Date the prescription is filled.
- g. Physician's last name.
- h. Typist's initials.

*NOTE:* Ensure correct spelling.

2. Double-check the label against the original prescription (new prescription).

*NOTE:* If the prescription has already been entered electronically into CHCS (new or refill) the label information may be reviewed on-line, when the label prints out, or after the prescription is filled/completed.

3. Select the correct drug formulation.
  - a. Correct generic or trade name.
  - b. Correct strength.
  - c. Correct dosage form.
  - d. Correct quantity.

*NOTE:* If a trade name is requested and a generic substitution is made, put a single line through the trade name and write in the generic name above it. Generic substitutions will not be made on prescriptions written by civilian prescribers unless authorized by the prescriber.

4. Check the original medication container against the prescription.

5. Ensure that the medication is not expired or mixed.

6. Count or pour the medication and package it in an appropriate container for dispensing to the patient.

- a. The medication should be packaged in the most compact container available.

**Performance Steps**

- b. The medication should be placed in a child-resistant container, unless the patient or physician requests alternative packaging.
- c. Medications that must be obtained quickly for life-threatening medical conditions should not be dispensed in child-resistant containers.

7. Initial the prescription/refill request (hard copy only) and prepared label.

*NOTE:* Annotate the quantity along with initials on the prescription.

8. Properly affix the label to the container.

9. Select the proper auxiliary label(s).

*NOTE:* The Federal Transfer Label must be on the vial.

10. Properly affix the auxiliary label(s) to the container without covering the primary label.

11. Record or post fills or refills for controlled substances on DA Form 3862 or electronic equivalent IAW task 081-824-0035).

12. Record the prescription into a locally designed controlled substances prescription log. The log will include, but is not limited to:

- a. Prescription number.
- b. Patient's first and last name.
- c. Drug name and strength.
- d. Amount of medication dispensed.

*NOTE:* There is no requirement by regulation for this prescription log, but it proves invaluable when an error is discovered or a prescription is misplaced.

13. Set aside completed prescription for checking by a competent and authorized second source prior to dispensing.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Typed/Edited the prescription label without error.	_____	_____
2. Double-checked the label against the original prescription or reviewed on-line.	_____	_____
3. Selected the correct drug formulation.	_____	_____
4. Checked the original medication container against the prescription.	_____	_____
5. Ensured that the medication was not expired or mixed.	_____	_____
6. Correctly counted or poured the medication and packaged it for dispensing.	_____	_____
7. Initialed the prescription/refill request (hard copy only) and prepared label.	_____	_____
8. Properly affixed the label to the container.	_____	_____
9. Selected the proper auxiliary label(s).	_____	_____
10. Properly affixed the auxiliary label(s).	_____	_____
11. Recorded or posted fills or refills for controlled substances.	_____	_____

**Performance Measures**

<u><b>GO</b></u>	<u><b>NO</b></u>
	<u><b>GO</b></u>

- |                                                                                                            |   |   |
|------------------------------------------------------------------------------------------------------------|---|---|
| 12. Recorded the prescription in the locally designed controlled substances prescription log, if required. | — | — |
| 13. Set aside completed prescription for checking prior to dispensing.                                     | — | — |

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-48  
FM 8-260

## DISPENSE OUTPATIENT MEDICATIONS

081-824-0028

**Conditions:** You are dispensing medications in the outpatient pharmacy. You have received a completed prescription that has been evaluated for correctness and accuracy (it has been checked).

**Standards:** The prescription was issued to the correct person with 100% accuracy.

### Performance Steps

1. Verify the patient's identity.
2. Ask the patient if they have any drug allergies.
3. Review the instructions for correct administration of the medication.

*NOTE:* It is good practice to explain the instructions and then have the patient repeat them back to you. This allows you to determine whether the patient understood the instructions as you explained them and clarify any discrepancies at that time. The technique of "show and tell" is a good way to verify patient understanding and to visually check the medication one more time. This is especially important if you are reviewing the instructions with someone other than the patient (parent, other care giver).

4. Inform the patient of all appropriate warning statements and any special storage requirements.

*NOTE:* Specific warnings will be made for all controlled substances (Note Q and Note R medications).

5. Provide the patient with a patient package insert, if required.
6. Offer the patient a printed drug information handout.
7. Ask the patient if he/she has any questions or if they would like to speak with a pharmacist (if available).
8. Answer the patient's questions.

*NOTE:* Do not damage the patient's confidence in the prescriber or the pharmacy service. For questions or problems you are unable to resolve, send the patient to, or contact the prescriber, or appropriate personnel.

9. Have the prescription rechecked by a second source if any change has been made to the evaluated and checked prescription.

*NOTE:* If the patient requests an easy-off cap, annotate the request IAW local policy.

10. Have the patient sign the prescription log, back of the prescription or other local form when dispensing controlled substances to document proof of pick-up.

11. Transfer the medication to the patient.

### Performance Measures

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Verified the patient's identity.	_____	_____
2. Asked the patient if they have any drug allergies.	_____	_____

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO</u> <u>GO</u></b>
3. Reviewed the instructions for correct administration of the medication.	—	—
4. Informed the patient of all appropriate warning statements and any special storage requirements.	—	—
5. Provided the patient with a patient package insert, if required.	—	—
6. Offered the patient a printed drug information handout.	—	—
7. Asked the patient if he/she had any questions.	—	—
8. Answered the patient's questions or assisted in finding the answer.	—	—
9. Ensured the prescription was rechecked if any changes were made at the time of dispensing.	—	—
10. Completed the prescription log for controlled substances.	—	—
11. Transferred the medication to the patient.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

Subject Area 2: Unit Dose

**SCREEN A UNIT DOSE ORDER**

**081-824-0013**

**Conditions:** You are working in the pharmacy unit dose section and receive a unit dose order to be filled. You will need DA Form 4256 (Doctor's Orders) or electronic equivalent, formulary or drug list, medication reference materials, and ward stock lists.

**Standards:** The prescriber's order was screened and interpreted with 100% accuracy.

**Performance Steps**

1. Check the facsimile machine, patient care areas, pneumatic tube system, or computer system (CHCS) for physician's orders at scheduled intervals.  
*NOTE:* If the orders (DA Form 4256, 3-part form) are physically picked up from the medication use areas, ensure that only the pink copy is taken to the pharmacy for screening.
2. Check the unit dose order for the patient's name, patient care area, bed number, and the last four of the SSN.  
*NOTE:* If the unit dose order is the first order used to establish a new patient profile you will also need the diagnosis, allergy information, height, weight, and age (if under 12 years) of the patient.
3. Determine the priority of the unit dose order.
  - a. A STAT order is screened, filled, checked, and delivered immediately.  
*NOTE:* A STAT order may be called in telephonically by ward or clinic personnel per local SOP. In this situation, deliver the medication to the ward, but do not release the medication until you have checked the doctor's order (DA Form 4256). Local SOPs will define the definitions of STAT orders. As a general rule, they are delivered within 10-15 minutes.
  - b. Routine orders are filled and delivered at least 30 minutes before the dose is due for administration.
4. Check the unit dose order for completeness.
  - a. Name and strength of the medication.
  - b. Dose, route of administration, and schedule (times of administration).  
*NOTE:* Physicians may annotate "PRN" at the end of the sig line, however this must be followed by the conditions under which the PRN order is to be given (i.e., PRN severe pain, PRN nausea & vomiting).
  - c. Signature of requesting physician.
5. Check the unit dose order against the patient profile for any allergies, drug interactions, contraindications, pre-existing conditions, correct dosage, and diagnosis.
6. Consult the appropriate medical personnel concerning any discrepancies.
  - a. Supervising pharmacist.
  - b. Ward personnel (registered nurse).
  - c. Ordering physician or other authorized prescriber.

**Performance Steps**

**CAUTION:** Ensure that discrepancies that result in potential delays in therapy are communicated immediately to the patient's nurse and physician (i.e., out of stock or nonformulary medications).

**WARNING:** Potential medication errors noted in the screening process (from physician prescribing error) will be reported on appropriate process improvement forms IAW local policy and should be reported immediately to the supervising pharmacist.

7. Forward the unit dose order for filling.

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Checked the physician's orders at scheduled intervals.	_____	_____
2. Ensured the unit dose order contained the patient's name and SSN, patient care area, and bed number.	_____	_____
3. Determined the priority of the unit dose order.	_____	_____
4. Checked the unit dose order for completeness.	_____	_____
5. Checked the unit dose order against the patient profile for any allergies, drug interactions, contraindications, pre-existing conditions, correct dosage, and diagnosis.	_____	_____
6. Resolved any order discrepancies.	_____	_____
7. Forwarded the unit dose order for filling.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**FILL UNIT DOSE ORDERS**  
**081-824-0014**

**Conditions:** You are working in the pharmacy unit dose section and receive a previously screened unit dose order. You will need DA Form 4256 (Doctor's Orders) or patient's profile or unit dose pick list, formulary or drug list, requested medications, medication reference materials, authorized floor stock lists, typewriter or computer with printer, labels, and auxiliary labels.

**Standards:** The unit dose order was filled and delivered with 100% accuracy.

**Performance Steps**

1. Verify that the unit dose order has been screened (new orders).
2. Prepare (Type/Edit) the unit dose label without error to include:
  - a. Patient's first and last name; last four numbers of the sponsor's social security number (SSN).
  - b. Dose and schedule.
  - c. Name, strength, and quantity of drug.
  - d. Health care provider (HCP) comments in CHCS.
  - e. Unit dose order number.
  - f. Date the order is filled.
  - g. Due time and schedule for the order.
  - h. Physician's last name.
  - i. Typist's initials.

*NOTE:* Ensure correct spelling. A label may be reprinted/retyped for missing doses. A label is not required for filling the unit dose cart as the information will be on the unit dose pick list.

3. Double-check the label against the original order.

*NOTE:* If you are entering the unit dose order into an automated patient profile system (CHCS) you will have the option to review the order (on-line) and print a label.

4. Select the correct drug formulation (in unit dose packaging).
  - a. Correct generic or trade name.
  - b. Correct strength.
  - c. Correct dosage form.
  - d. Correct quantity.

*NOTE:* Select enough medication to fill scheduled doses due before the next cart exchange.

*NOTE:* If the medication is not in unit dose packaging, repackage the medication and label with appropriate name, strength, quantity, lot number, and expiration date (i.e., oral liquid syringes).

5. Check the medication (unit dose packaging) against the original order (new orders).
6. Ensure that the medication is not expired or mixed.
7. Place the medication in a suitable package for delivery to the ward.
8. Initial the prepared label or unit dose pick list.
9. Properly affix the label to the container (new orders, missing doses).
10. If you are filling the unit dose tray, prepare a patient drawer label. This label must contain the patient name, ward, and bed number.

**Performance Steps**

11. Select any proper auxiliary label(s).
12. Correctly affix the auxiliary label(s) to bag the first time the order is sent, however specific instructions should be communicated to the medication nurse for transcription into the Medication Administration Record or annotated in the HCP comment field in CHCS.
13. Set aside the completed order or unit dose cart for checking by a competent and authorized second source prior to delivery.
14. Fill and deliver STAT orders immediately.
15. Fill and deliver routine orders at least 30 minutes before the dose is to be administered.
16. Verify telephonic orders by checking the original order upon delivery (prior to releasing the medication).
17. Fill orders or trays for only one patient at a time and note the doses dispensed on the patient profile.
18. Monitor automatic stop items such as antibiotics and controlled drugs IAW local policy.  
*NOTE:* The primary physician or appropriate ward personnel should be notified when a medication reaches its automatic stop date. This will ensure that discontinuation of the medication will not have an adverse affect on the patient's progress.
19. Exchange unit dose carts at the scheduled interval.
20. Ensure that ward personnel can readily identify doses not placed in the patient's tray, such as refrigerated items or controlled drugs.
21. Transfer bulk items, such as ophthalmic preparations or ointments, to the new tray at exchange.
22. Inventory returned tray for returned doses and note the returned quantity on the patient profile.
23. Contact the ward concerning returned doses, if necessary.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Verified that the unit dose has been screened (new orders).	—	—
2. Prepared the unit dose label without error.	—	—
3. Double-checked the label against the original order.	—	—
4. Selected the correct drug formulation (in unit dose packaging).	—	—
5. Checked the medication (unit dose packaging) against the original order (new orders).	—	—
6. Ensured that the medication is not expired or mixed.	—	—
7. Placed the medication in a suitable package for delivery to the ward.	—	—
8. Initialed the prepared label or unit dose pick list.	—	—

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO</u> <u>GO</u></b>
9. Affixed the label and auxiliary labels to the container (new orders, missing doses).	—	—
10. Prepared patient drawer label.	—	—
11. Set aside completed order or unit dose cart for checking.	—	—
12. Ensured orders were filled and delivered based on type of order.	—	—
13. Ensured that items dispensed in bulk or with specific requirements were communicated with ward personnel.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**MAINTAIN INPATIENT MEDICATION PROFILES**  
**081-824-0015**

**Conditions:** You are working in the pharmacy unit dose or sterile products section and have received several DA Forms 4256 (Doctor's Orders). You will need patient medication profiles, formulary or drug lists, and medication reference materials.

**Standards:** All orders were transcribed with 100% accuracy.

**Performance Steps**

1. Initiate an inpatient medication profile.

*NOTE:* In electronic systems such as CHCS, the profile is created when the patient is admitted to the hospital.

- a. The hard copy or paper profile is divided into different areas based on the local SOP; the profiles should include the following (minimum):
  - (1) Patient information.
  - (2) Scheduled medications.
  - (3) Non-scheduled/non-recurring medications.
- b. The patient information section should contain:
  - (1) Patient's name.
  - (2) Sponsor's social security number and appropriate prefix or the patient identification number.
  - (3) Patient's age, sex, and weight.
  - (4) Diagnosis.
  - (5) Pre-existing conditions.
  - (6) Primary physician.
  - (7) Ward and bed numbers.
  - (8) Allergies, if any (if not, it must state no known drug allergies or NKDA).
- c. The scheduled medication section will be used to record all medications to be given at specific intervals. This will include:
  - (1) Sterile products.
  - (2) Controlled drugs.
  - (3) Floor stock.
  - (4) PRN orders that have a definite specified interval (for example, "q8h prn").
- d. The non-scheduled/non-recurring section will be used to record:
  - (1) Non-recurring or one time dose orders.
  - (2) STAT doses.
  - (3) Loading doses.
  - (4) Sometimes you will find PRN orders in this section.

*NOTE:* Within the electronic system you will choose between the IV (parenteral) or the UD (unit dose) menus. All medications prepared in the sterile products sections are usually annotated under the IV menu while all other medications are annotated under the UD menu. Within each of those menus, orders are transcribed in the "schedule" field as one-time or routine.

2. Transcribe orders from DA Form 4256 exactly as written.
  - a. As the orders are transcribed, check the orders for:
    - (1) Dosage range.
    - (2) Drug interactions.
    - (3) Contraindications.
    - (4) Allergies.

**Performance Steps**

- b. The appropriate medical personnel should be contacted concerning any discrepancies.

*NOTE:* If you are entering the unit dose order into an automated patient profile system (CHCS) you will have the option to review the order (on-line) and print a label at this time (this is the first step in filling the unit dose order).

- 3. Ensure that the order is set aside for checking by a competent and responsible second source.

- 4. Update patient profiles daily or whenever new doctor's orders are received.

*NOTE:* Every time the patient profile is updated the profile needs to be checked by a second source.

- 5. File physician's orders.

*NOTE:* Physician's orders should be filed IAW local policy. If a paper profile is maintained, the pharmacy copy of the order is usually maintained behind the profile (i.e., Cardex file). If an electronic profile is maintained, the pharmacy copy (fax, pink copy, etc) should be maintained until the patient is discharged. There will be no pharmacy copy if your facility utilizes inpatient physician order entry (IPOE) in CHCS.

- 6. File patient profiles.

- a. Upon discharge of the patient, write "DISCHARGED" on the patient's profile (hard copy).
- b. Staple pharmacy's copies of the doctor's orders to the profile.
- c. Calculate and record workload data; file IAW local policy.
- d. The profile should be filed according to local policy.

*NOTE:* Most pharmacies will maintain the profile and pharmacy copies of physician orders until the patient is discharged or 30 days past discharge. After that time, the profiles and orders are usually shredded as the original order is in the inpatient record. Electronic profile systems will be maintained (archived).

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Initiated an inpatient medication profile.	_____	_____
2. Transcribed orders from DA Form 4256 exactly as written.	_____	_____
3. Ensured the order is checked.	_____	_____
4. Updated patient profiles daily or whenever new doctor's orders were received.	_____	_____
5. Filed physician's orders.	_____	_____
6. Filed patient profiles upon discharge.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**  
**Required**  
None

**Related**  
AR 40-3  
FM 8-260

Subject Area 3: Sterile Products

**SCREEN A STERILE PRODUCT ORDER**

**081-824-0021**

**Conditions:** You are working in the pharmacy sterile products section and receive a sterile products order to be filled. You will need DA Form 4256 (Doctor's Orders) or electronic equivalent, formulary or drug list, medication reference materials, and ward stock lists.

**Standards:** The prescriber's order was screened and interpreted with 100% accuracy.

**Performance Steps**

1. Check the facsimile machine, patient care areas, pneumatic tube system, or computer system (CHCS) for physician's orders at scheduled intervals.

*NOTE:* If the orders (DA Form 4256, 3-part form) are physically picked up from the medication use areas, ensure that only the pink copy is taken to the pharmacy for screening.

2. Check the sterile product order for the patient's name, patient's SSN, patient care area, and bed number.

*NOTE:* If the sterile product order is the first order used to establish a new patient profile you will also need the diagnosis, allergy information, height, and weight of the patient.

3. Determine the priority of the sterile product order.
  - a. A STAT order is filled, checked, and delivered immediately.

*NOTE:* A STAT order may be called in telephonically by ward or clinic personnel per local SOP. In this situation, deliver the medication to the ward, but do not release the medication until you have checked the doctor's order (DA Form 4256). Local SOPs will define the definition of a STAT order. As a general rule they are delivered within 10-15 minutes.

- b. Routine orders are filled and delivered at least 30 minutes before the dose is due for administration.

4. Check the sterile product order for completeness.
  - a. Name and strength of the medication.
  - b. Dose, route of administration, and schedule (times of administration).

*NOTE:* Physician's may annotate "PRN" at the end of the sig line, however this must be followed by the conditions under which the PRN order is to be given (i.e., PRN severe pain, PRN nausea and vomiting).

*NOTE:* Most facilities establish standardized administration times for sterile product orders.

- c. Name of base solution, if applicable.
- d. Strength and volume of base solution, if applicable.

*NOTE:* The base solution along with strength and volume is not usually specified by the prescriber, however it may be noted if the patient condition requires a limitation of sodium, dextrose, or overall fluid intake.

- e. Signature of requesting physician.

5. Check the order against the patient profile for any allergies, drug interactions, contraindications, pre-existing conditions, correct dosage, and diagnosis.

*NOTE:* Ensure patient does not have a latex allergy.

**Performance Steps**

6. Check the order against existing sterile product orders administered via the same route to ensure compatibility.
7. Consult the appropriate medical personnel concerning any discrepancies.
  - a. Supervising pharmacist.
  - b. Ward personnel (registered nurse).
  - c. Ordering physician or other authorized prescriber.

**CAUTION:** Ensure that discrepancies that result in potential delays in therapy are communicated immediately to the patient's nurse and physician (i.e., out of stock or nonformulary medications).

**WARNING:** Potential medication errors noted in the screening process (from physician prescribing error) will be reported on appropriate Process Improvement forms IAW local policy and should be reported immediately to the supervising pharmacist.

8. Forward the sterile product order for preparation.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked for physician's orders at scheduled intervals.	_____	_____
2. Ensured sterile product order contained the patient's name and SSN, patient care area, and bed number.	_____	_____
3. Determined the priority of the sterile product order.	_____	_____
4. Checked the sterile product order for completeness.	_____	_____
5. Checked the sterile product against the patient profile for any allergies, drug interactions, contraindications, pre-existing conditions, correct dosage, and diagnosis.	_____	_____
6. Checked the order ensuring compatibility with other medications and fluids.	_____	_____
7. Resolved any order discrepancies.	_____	_____
8. Forwarded the sterile product order for filling.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
ASHP #1  
FM 8-260

**PREPARE STERILE PRODUCTS**  
**081-824-0023**

**Conditions:** You are working in a pharmacy sterile products section and have received a sterile products order to be prepared. You will need a laminar air flow hood, handwashing facilities, DA Form 4256 (Doctor's Orders) for a sterile product or the patient's profile, sterile product order form or local equivalent, medications, additives, diluents, base solutions, tamper resistant seals, typewriter or computer with printer, labels, sterile 4 x 4s, 70% isopropyl alcohol, needles, syringes, and medication reference materials for the product being prepared.

**Standards:** The sterile product was prepared with 100% accuracy while using aseptic technique.

**Performance Steps**

1. Verify that the sterile products order has been screened and the patient profile has been checked (new orders).
  2. Prepare (Type/Edit) the sterile product label without error to include:
    - a. Patient's first and last name, last four numbers of the sponsor's SSN, ward, and bed number.
    - b. Date and time the sterile product is to be administered to the patient.
- NOTE:* Time of administration may be determined IAW local policy.
- c. Order number of the product.
  - d. Expiration date and time.

*NOTE:* The expiration time and date is based on a completed product's stability. This information can be obtained from the medication's package insert or other available medication reference materials.

- e. Name and quantity of each additive.

*NOTE:* For syringe labels, enter name, strength, volume, and concentration. Push rates on slow IV pushes should also be included (see Figure 3-1).

<b>KEEP IN REFRIGERATOR</b>				
<b>DUE:</b> 1200 24Jan**	<b>R</b> 12662	<b>DO NOT USE AFTER :</b> 1200 24Jan**		
<b>PATIENT:</b> Gregory Benjamin -7890		<b>WARD</b> 9W		
20 mg Hydralazine    Volume = 1 ml  Concentration = 20 mg/ml  FOR I.V. PUSH USE ONLY				
<b>DR.</b> Bernt		<b>PREPARED BY:</b> gbw		
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>FLOW RATE:</b></td> <td style="border: none; text-align: center;"><b>DROPS/MIN</b></td> </tr> </table>			<b>FLOW RATE:</b>	<b>DROPS/MIN</b>
<b>FLOW RATE:</b>	<b>DROPS/MIN</b>			
		1100 24 Jan **		

Figure 3-1

**Performance Steps**

- f. Volume and name of the base solution, if applicable.
- g. Amount of sodium chloride added to prepare fractional saline solution, if applicable (see Figure 3-2).

KEEP IN REFRIGERATOR		
DUE: 1800 15May**	<b>Rx</b> 29911	DO NOT USE AFTER : 1600 16May**
PATIENT: Robert Nichols -4906		WARD 9W
10 mEq Potassium Chloride 1000ml D5-1/3 NS (Added 3000 mg Sodium Chloride to make 1/3NS) Administer at 125ml/hr		
1600 15May**		
DR. Repenning	FLOW RATE: DROPS/MIN	PREPARED BY: gbw

Figure 3-2

- h. Date and time of preparation.
- i. Administration instructions (see Figure 3-3 for piggyback and Figure 3-4 for large volume labels). This will also include flow rates when applicable.

KEEP IN REFRIGERATOR		
DUE: 1400 24Jan**	<b>Rx</b> 34554	DO NOT USE AFTER : 1200 25Jan**
PATIENT: Maritza Fernandez -2873		WARD 12
80 mg Gentamicin 100 ml Dextrose 5% in Water  Administer over 30 - 120 minutes		
1200 24Jan**		
DR. Burke	FLOW RATE: DROPS/MIN	PREPARED BY: gbw

Figure 3-3

**Performance Steps**

<b>KEEP IN REFRIGERATOR</b>			
<b>DUE:</b> 1200 24Jan**	<b>R</b> 10815	<b>DO NOT USE AFTER :</b> 1000 25Jan**	
<b>PATIENT:</b> John Richards -6345		<b>WARD</b> 9W	
20 mEq Potassium Chloride 1000 ml Normal Saline  Administer at 125 ml/hr  <span style="float: right;">1000 24 Jan **</span>			
<b>DR.</b> Godville	<b>FLOW RATE:</b>	<b>DROPS/MIN</b>	<b>PREPARED BY:</b> gbw

Figure 3-4

*NOTE:* This information may be entered into the "Health Care Provider or HCP" comment field in CHCS.

3. Check the label against the order.

*NOTE:* Ensure correct spelling. A label may be reprinted/retyped for missing doses.

*NOTE:* If you are entering the sterile products order into an automated patient profile system (CHCS) you will have the option to review the order (on-line) and print a label.

4. Ensure that orders are arranged for preparation by time sequence (earliest due first) and then by ease of preparation.

5. Transcribe the following information from the doctor's orders to a sterile product order form (if applicable):

- a. The patient's name, age, and weight.
- b. Patient allergies.

*NOTE:* Be aware of latex allergies.

- c. Ward.
- d. Medications and additives.
- e. The sterile product's order number.
- f. The transcriber's initials.

6. Calculate the dosage, flow rate, dilution of medications, and/or schedule of administration.

- a. All calculations should be done on the sterile products order form.
- b. All calculations should be checked by a competent and responsible second source.

7. Transcribe the following onto the sterile products order form:

- a. The schedule (q6h, q12h) and corresponding times of administration

*NOTE:* Administration times for routine requests may be set by local SOP.

- b. Infusion rate or instructions for intermittent administration.
- c. Route of administration.

**Performance Steps**

*NOTE:* Sterile products that are to be used for irrigation or via NG tube must be clearly marked on the order card.

- d. The date and time of the first dose.
- e. The base solution and volume.

*NOTE:* The physician may indicate the type and amount of base solution to be used, but many don't, so pharmacies have set "recipes" or automatic defaults to be used if none is indicated.

8. Select the correct medications, diluents, additives, and base solution as indicated on the order.
  9. Check each component for visible particulate matter, evidence of growths, discoloration, alteration in the appearance, cracks or leaks in the containers, and damaged container seals.
  10. Annotate quality assurance (QA) information on the sterile product order form or label (as applicable).
- NOTE:* Annotate the expiration date, manufacturer, and lot number of each component (medications, additives, diluents, and base solutions) on the back of the sterile products order form.
11. Gather required needles and syringes. The use of appropriate size syringes will provide more accurate measurements when drawing up medications or diluents. (See Figure 3-5.)

VOLUME TO MEASURE	SYRINGE SIZE
0.1 ml - 1.0 ml	1 ml
0.9 ml - 3.0 ml	3 ml
2.8 ml - 5.0 ml	5 ml
4.8 ml - 10.0 ml	10 ml
10.0 ml - 20.0 ml	20 ml
20.0 ml - 30.0 ml	30 ml
30.0 ml - 50.0 ml	50 ml

Figure 3-5

12. Inspect needles and syringes for evidence of damage to their protective wrap that may compromise their sterility.
  13. Perform appropriate handwash with an iodophor-based soap.
  14. Ensure that the laminar air flow hood has been cleaned and logged properly. (See task 081-824-0025).
- NOTE:* If airflow is blocked, the validity of the laminar flow is destroyed. Ensure articles are arranged in the hood to prevent clean air from washing over a dirty object (shadowing) and contaminating cleaned articles already in the hood. Shadowing must be minimized throughout the preparation process.
15. Wipe off all components with 70% isopropyl alcohol prior to being introduced into the laminar air flow hood. This will remove most surface contaminants and protect the aseptic work area.

## Performance Steps

16. Prep additive and solution containers.
  - a. Ampules are prepped by wiping the break line with 70% isopropyl alcohol prior to opening.
  - b. Rubber or latex closures on vials, IV bags, and bottles should be prepped with 70% isopropyl alcohol prior to needle insertion.
17. Assemble needle and syringe using aseptic technique.
18. Open the ampule using aseptic technique.
  - a. Ampules must be opened with the proper technique to avoid cuts. Hold in both hands with thumbs abutted at the break line, and break the ampule by applying pressure with fingers toward outside edges, then pulling each section apart as the break occurs.

**NOTE:** When breaking the ampule, make sure you are not opening toward the HEPA Filter.

- b. Immediately after breaking the ampule, check the ampule for visible glass particles in the opened ampule.
  - c. A filter needle should be used to filter out glass particles. Filter needles are for one time use only. The medication can be filtered when withdrawing it from the ampule or when adding it as a diluent to medication or to the base solution.
  - d. Aseptically enter ampules by not allowing the needle to make contact with the broken edge of the ampule.
19. Reconstitute sterile powders with the appropriate diluent and volume.
    - a. Sterile powders must be reconstituted with the appropriate sterile diluent before withdrawing the medication. The vial should be marked with the date and time of reconstitution, concentration, and the initials of the person that reconstituted the vial.
    - b. Check for undissolved drug and other visible particulate matter when reconstituting sterile powders. If particulate matter is found, discard the medication.

**NOTE:** When inserting a needle through the rubber or latex closure, place the beveled edge of the needle perpendicular to the closure. Place slight back pressure on the shaft of the needle by pushing the syringe body in the direction of the bevel, (bevel up). This causes the needle to go through the rubber closure without coring. Coring is when the needle cuts a portion of the rubber closure resulting in rubber particles being introduced into the solution. Coring is unacceptable and the solution must be considered contaminated.

20. Withdraw the correct amount of drug volume using aseptic technique.
21. Add the medication to the base solution container with the proper entry technique.
22. Re-prep the closure of the base solution container.
23. Cap the finished product with a tamperell seal if required by local SOP.
24. Inspect the sterile product for physical changes.
25. Identify and implement specific storage requirements (i.e., short expiration, refrigeration, no refrigeration, and light sensitivity).
26. Mark multi-dose containers with the date and time of opening and the concentration, if reconstituted.
  - a. Multi-dose vials contain preservatives and may be used until their original (manufacturer's) expiration date.
  - b. Multi-dose vials should be discarded if there is a question about the product's integrity.

**Performance Steps**

- 27. Discard opened single-dose vials. Single-dose vials do not contain any preservatives and any left over medication in the vial should not be used at a later date.
  - 28. Dispose of used needles and syringes IAW local hospital infection control policy.
  - 29. Enter the volume of additive and initials of the preparer on the label.
  - 30. Affix the label to the solution container.
- NOTE:* When labeling sterile products be careful not to cover the graduated markings on the container. Labels will be placed on intravenous solutions upside down. Labels will be placed on irrigation solutions right side up.
- 31. Forward the finished sterile product along with the sterile product order form and components for checking by a competent and responsible second source.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Verified the sterile products order has been screened (new orders).	—	—
2. Prepared (Type/Edit) the sterile product label.	—	—
3. Checked the label against the order.	—	—
4. Transcribed appropriate information to a sterile product order form (if applicable).	—	—
5. Calculated dosage, flow rate, dilution of medication, and/or schedule of administration.	—	—
6. Selected correct medications, diluents, additives, and base solutions.	—	—
7. Checked each component for contamination or breakage.	—	—
8. Logged QA information on the sterile products order form or label.	—	—
9. Gathered and inspected needles and syringes.	—	—
10. Performed appropriate handwash.	—	—
11. Ensured LAFH was cleaned and logged.	—	—
12. Wiped all components with 70% isopropyl alcohol.	—	—
13. Prepped additive and solution containers.	—	—
14. Reconstituted sterile powders with the appropriate diluent and volume.	—	—
15. Withdrew the correct amount of drug volume and added it to the base solution.	—	—
16. Capped the finished product with a tampereall seal (if applicable).	—	—
17. Inspected the sterile product for physical changes.	—	—
18. Identified and implemented specific storage requirements (i.e., short expiration, refrigeration, no refrigeration, and light sensitivity).	—	—

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO</u> <u>GO</u></b>
19. Marked multiple dose containers with the date and time of opening and the concentration, if reconstituted.	—	—
20. Annotated the volume of additive and initials of the preparer on the IV label.	—	—
21. Affixed the label to the solution container.	—	—
22. Forwarded the finished product along with additive and sterile product order form for evaluation and checking by a second source.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
FM 8-260

**MAINTAIN AN ASEPTIC WORK ENVIRONMENT IN STERILE PRODUCT AREA**  
**081-824-0025**

**Conditions:** You are working in the pharmacy sterile products section and are responsible for maintaining an aseptic environment suitable for the preparation of sterile products. You will need hand washing facilities, iodophor-based soap, surgical scrub brush, a laminar air flow hood, water soluble disinfectant, 4x4 gauze, and 70% isopropyl alcohol.

**Standards:** All steps were performed correctly to establish and maintain an aseptic environment.

**Performance Steps**

1. Run the laminar air flow hood (LAFH) for at least 30 minutes prior to cleaning.
2. Remove all jewelry and clothing from the hands and forearms since these items collect dirt and microorganisms.
3. Perform appropriate handwash.

*NOTE:* Since the hands and forearms enter the work area, they must be as clean as possible. Wash the hands and forearms with warm water, an iodophor-based soap, and a surgical scrub brush. This should be done for 1 to 3 minutes, paying special attention to the fingernails and in between the fingers. The hands should be dried with a lint free towel or a mechanical hot air dryer.

- a. Wet hands from fingertips to elbows.
  - b. Apply soap to hands and forearms.
  - c. Clean fingernails with fingernail brush.
  - d. Clean each finger in a downward motion.
  - e. Clean each hand and forearm using a downward circular motion.
  - f. Rinse hands and arms thoroughly.
  - g. Dry each arm with a patting motion.
4. Annotate the cleaning of the LAFH on the cleaning log sheet.
  5. Clean the LAFH. The hood is cleaned top to bottom and rear to front.

*NOTE:* The LAFH should be cleaned at a minimum, the beginning of each shift or as necessary if there is gross contamination.

- a. Remove everything from the interior of the hood.
- b. Use a 4x4 gauze pad soaked in a water soluble disinfectant such as A-33 or TBQ to clean the hanger bar. Wipe the topside, then the underside of the hanger bar starting at one side of the bar moving to the other side, ensuring that the entire bar is disinfected.
- c. Clean the side panels using new gauze with a water-soluble disinfectant, wiping the side panels from top to bottom, rear to front. Ensure that the entire surface has been disinfected. (See Figure 3-6.)



**Performance Steps**

- a. Remove the prefilter cover and lay it aside.
- b. Remove the old prefilter and replace with a new one.

*NOTE:* If you have reusable prefilters, clean them in accordance with the manufacturer's instructions.

- c. Ensure that the arrow on the prefilter is pointing in the direction of the desired air flow.
- d. Replace the prefilter cover.
- e. Log the date of the prefilter change on the LAFH cleaning log.

7. The LAFH must be certified annually or as required by local SOP. It is performed by an independent agency and not by pharmacy personnel.

*NOTE:* The annual certification of LAFH is done to ensure the integrity of the HEPA (high efficiency particle airflow) filter.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Ran the laminar air flow hood (LAFH) for at least 30 minutes prior to cleaning.	—	—
2. Removed all jewelry and clothing from hands and forearms.	—	—
3. Performed appropriate handwash.	—	—
4. Completed the hood cleaning log.	—	—
5. Cleaned the LAFH.	—	—
6. Replaced the prefilter if necessary.	—	—
7. Ensured annually certification of LAFH.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
ASHP #1  
FM 8-260

**PUT ON STERILE GLOVES**  
**081-831-0008**

**Conditions:** You will need handwashing facilities, sterile gloves, and a flat, clean, dry surface.

**Standards:** Put on and removed sterile gloves without contaminating self or the gloves.

**Performance Steps**

1. Select and inspect the package.
  - a. Select the proper size of glove.
  - b. Inspect the package for possible contamination.
    - (1) Water spots.
    - (2) Moisture.
    - (3) Tears.
    - (4) Any other evidence that the package is not sterile.
2. Perform a patient care handwash.
3. Open the sterile package.
  - a. Place the package on a flat, clean, dry surface in the area where the gloves are to be worn.
  - b. Peel the outer wrapper open to completely expose the inner package.
4. Position the inner package.
  - a. Remove the inner package touching only the folded side of the wrapper.
  - b. Position the package so that the cuff end is nearest you.
5. Unfold the inner package.
  - a. Grasp the lower corner of the package.
  - b. Open the package to a fully flat position without touching the gloves.
6. Expose both gloves.
  - a. Grasp the lower corners or designated areas on the folder.
  - b. Pull gently to the side without touching the gloves.
7. Put on the first glove.
  - a. Grasp the cuff at the folded edge and remove it from the wrapper.
  - b. Step away from the table or tray.
  - c. Keeping your hands above the waist, insert the fingers of the other hand into the glove.
  - d. Pull the glove on touching only the exposed inner surface of the glove.

**NOTE:** If there is difficulty in getting your fingers fully fitted into the glove fingers, make the adjustment after both gloves are on.

8. Put on the second glove.
  - a. Insert the fingertips of the gloved hand under the edge of the folded over cuff.

**NOTE:** You may keep the gloved thumb up and away from the cuff area or may insert it under the edge of the folded over cuff with the fingertips.

- b. Keeping your hands above the waist, insert the fingers of the ungloved hand into the glove.
- c. Pull the glove on.
- d. Do not contaminate either glove.

**Performance Steps**

9. Adjust the gloves to fit properly.
  - a. Grasp and pick up the glove surfaces on the individual fingers to adjust them.
  - b. Pick up the palm surfaces and work your fingers and hands into the gloves.
  - c. Interlock the gloved fingers and work the gloved hands until the gloves are firmly on the fingers.

*NOTE:* If either glove tears while putting them on or adjusting the gloves, remove both gloves and repeat the procedure.

10. Remove the gloves.
  - a. Grasp one glove at the heel of the hand with the other gloved hand.
  - b. Peel off the glove, retaining it in the palm of the gloved hand.
  - c. Reach under the cuff of the remaining glove with one or two fingers of the ungloved hand.
  - d. Peel off the glove over the glove being held in the palm.
  - e. Do not contaminate yourself.

**CAUTION:** Do not "snap" the gloves while removing them.

11. Discard the gloves IAW local SOP.
12. Perform a patient care handwash.

**Evaluation Preparation:**

Setup: If performance of this task must be simulated for training and evaluation, the same gloves may be used repeatedly as long as they are properly rewrapped after each use. You may give the soldier a torn or moist glove package to test step 1.

*NOTE:* If the soldier does not know his or her glove size, have several different sizes available to try on to determine the correct size.

Brief soldier: Tell the soldier to put on and remove the sterile gloves.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Selected and inspected the package.	_____	_____
2. Performed a patient care handwash.	_____	_____
3. Opened the sterile package.	_____	_____
4. Positioned the inner package.	_____	_____
5. Unfolded the inner package.	_____	_____
6. Exposed both gloves.	_____	_____
7. Put on the first glove.	_____	_____
8. Put on the second glove.	_____	_____
9. Adjusted the gloves to fit properly.	_____	_____
10. Removed the gloves.	_____	_____

**Performance Measures**

GO      NO  
GO

11. Discarded the gloves IAW local SOP.

\_\_\_\_\_

12. Performed a patient care handwash.

\_\_\_\_\_

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**

None

**Related**

BASIC NURSING

## Subject Area 4: Manufacturing/Prepackaging

**COMPOUND PHARMACEUTICALS****081-824-0016**

**Conditions:** You have received an order to compound bulk pharmaceuticals. You will need ingredients, standard compounding equipment, master formula card, an approved formula or compounding reference materials, manufacturing log, and batch sheets.

**Standards:** The product was compounded in accordance with the guidelines in FM 8-260. All calculations were 100% accurate and the final product was within 95% confidence limits.

**Performance Steps**

1. Fill out the batch sheet using the master formula card.

*NOTE:* A batch sheet should be filled out every time a product is manufactured to ensure good quality control practices. The batch sheet is a work copy of the master formula card and is used to record entries during the manufacturing process.

*NOTE:* A master formula card, also known as a master record card, is an official formula card for varied products manufactured in an Army Pharmacy. A master formula card should be kept on file for every product compounded in the pharmacy.

*NOTE:* Calculate the needed ingredients to prepare the necessary quantity.

2. Gather the ingredients.
3. Annotate on the batch sheet, the manufacturer, lot number, and expiration date of ingredients; initials of the compounder.

*NOTE:* When controlled substances are used in compounding a product, a modified DD Form 1289 is written by pharmacy personnel and signed by a pharmacy officer or a civilian registered pharmacist. This is done to account for controlled substances used in compounding.

4. Select the equipment to be used for compounding.
5. Calibrate equipment IAW manufacturer's recommendation or SOP, prior to use.
6. Weigh or measure the ingredients.
7. Double-check the ingredients against the batch sheet.
8. Ensure the ingredients and batch sheet are checked by a competent and responsible second source, prior to mixing.
9. Combine the ingredients per instructions on the master formula card.
10. Package the finished product.
11. Prepare labels to include:
  - a. Full generic name and strength.
  - b. Local lot number and expiration date IAW local SOP.
  - c. Quantity (by weight or volume).
12. Affix label to the containers.

**Performance Steps**

13. Affix auxiliary labels to the container.
14. Return unused ingredients to the storage area.
15. Update the manufacturing log to include:
  - a. Name and strength of drug.
  - b. Expiration date.
  - c. Theoretical and actual yield.
  - d. Date and local control number.
16. Clean and store the equipment in accordance with the manufacturer's recommendations.
17. Have the completed product(s) checked by a reliable second source.
18. Store the item for distribution.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Completed the batch sheet.	_____	_____
2. Gathered the correct ingredients.	_____	_____
3. Entered correct quality assurance information on the batch sheet.	_____	_____
4. Calibrated and correctly used the equipment.	_____	_____
5. Double-checked the ingredients against the batch sheet.	_____	_____
6. Ensured ingredients and batch sheet were checked prior to mixing.	_____	_____
7. Combined the ingredients.	_____	_____
8. Packaged the finished product.	_____	_____
9. Correctly labeled product.	_____	_____
10. Updated the manufacturing log.	_____	_____
11. Cleaned and stored the equipment.	_____	_____
12. Ensured final product was checked.	_____	_____
13. Stored the item for distribution.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260  
GENNARO, A.  
MD0809

**References  
Required**

**Related**

VT 133  
VT 135  
VT 137  
VT172  
VT173  
VT174  
VT175  
VT176  
VT24

## PREPACKAGE MEDICATIONS

081-824-0072

**Conditions:** You have been directed to prepackage medications to be dispensed at a later date. You will need medications, containers, standard prepackaging equipment, labels, typewriter or computer with printer and label printing software, and a prepackaging log.

**Standards:** All medications were packaged, labeled, and logged with 100% accuracy.

### Performance Steps

*NOTE:* Prepacking is the process of taking bulk medications and breaking them down into smaller quantities for dispensing. Medications are prepacked in anticipation of medication orders or prescriptions; they are prepacked for ease of dispensing when the pharmacy is closed.

1. Gather medications and required containers.
2. Record quality control information into the prepackaging log. The log will include:
  - a. Date medication is prepackaged.
  - b. Generic name and trade name for the medication, when applicable.
  - c. Medication strength.
  - d. Manufacturer's name, lot number and expiration date.
  - e. Manufacturer's lot, batch, or control number.
  - f. Amount packaged in each container.
  - g. Total number of containers packaged.
  - h. The local batch or control number.
  - i. Expiration date after prepackaging. This date is determined by local SOP (usually 6-12 months), but cannot exceed the manufacturer's expiration date.
  - j. Initials of the prepacker.
3. Prepare labels for the prepackaged medications.
  - a. Labels prepared for medications to be dispensed from the pharmacy at a later date will include:
    - (1) The generic name of the medication. The trade name may be used, if that brand name product is actually used or is a generic equivalent (i.e., "trade name eq.").
    - (2) The strength of the medication (normally not required for combinations).
    - (3) The quantity of medication in each container.
    - (4) The local batch or control number.
    - (5) The prepack expiration date of the packaged medication.

*NOTE:* These items will usually be prepacked to speed the dispensing process in a troop medical clinic or outpatient pharmacy. These items must be relabeled with complete patient directions prior to dispensing.

- b. Labels prepared for medications to be dispensed when the pharmacy is closed (from an emergency room or an acute care clinic after hours) will include:
      - (1) The name of the patient (a blank space is provided).
      - (2) The date the medication is dispensed (a blank space is provided).
      - (3) Directions to the patient (blank spaces are provided, i.e., Take \_ tablet(s) \_ times daily).
      - (4) The name, strength, and quantity of the medication.
      - (5) Physician's name.
      - (6) The local batch or control number.

**Performance Steps**

- (7) NR or No Refills
- (8) Appropriate auxiliary labels.

*NOTE:* A local batch or control number may be used in lieu of the manufacturer's name and manufacturer's lot number as long as there is a drug recall procedure that can be readily implemented.

- 4. Prepackage the medication placing the correct medication in the appropriate sized container.
- 5. Label the prepacks for pharmacy use or clinic use.
- 6. Set aside prepacks for checking by a responsible second source.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Gathered medications and required containers.	_____	_____
2. Recorded quality control information into the prepackaging log.	_____	_____
3. Prepared labels for the prepackaged medications based on use.	_____	_____
4. Prepackaged the medication accurately.	_____	_____
5. Labeled prepacks appropriately.	_____	_____
6. Set aside prepacks for checking.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References** None

Subject Area 5: Controlled Drugs

**ISSUE CONTROLLED SUBSTANCES**

**081-824-0010**

**Conditions:** You are delivering or issuing a completed order for a controlled drug to a medication use area or pharmacy. You will need DA Form 3949 (Controlled Substances Record) or electronic equivalent.

**Standards:** The controlled substance(s) were issued/delivered, receipted for, and posted correctly to the unit's Controlled Substances Record (DA Form 3949) or electronic equivalent. Medication use areas were authorized no more than a two-week supply of medication; pharmacies may store up to a 30-day supply of medications.

**Performance Steps**

1. Deliver or ensure authorized pick up of the correct medication to the requesting facility.

*NOTE:* The next step illustrates the procedures for ward or clinic issue.

2. Post all required information to the Controlled Substances Record (DA Form 3949) or electronic equivalent.

- a. All manual entries will be made in ink.
- b. Record the day and hour in the designated blocks.
- c. Write "Pharmacy Issue" in the "patient's name" column.
- d. Record the prescription number in the "ordered by" column.
- e. The amount of drug issued is recorded in the "receipts" column and the new balance will be placed in the "balance" column.
- f. The pharmacy representative will enter his or her signature in the "administered by" column.
- g. The authorized person will acknowledge receipt of the drug by placing his or her initials in the "expenditures" column on the same line as the entry made by the pharmacy representative.

*NOTE:* For issues to other pharmacies the delivering personnel will not usually post the issue to the corresponding DA Form 3862. You will proceed directly to the next step.

3. Obtain the printed name, signature, military rank or civilian grade, social security number, date, and hour of receipt for each controlled substance from the registered nurse or individual authorized to receive controlled substances.

*NOTE:* Ensure individual is authorized to sign for controlled substances IAW local SOP.

4. Ensure that controlled substances are secured IAW Army Regulation prior to departure from the area.

5. Return the signed prescription or electronic request to the pharmacy vault of origin for posting to the Controlled Substances Stock Record (DA Form 3862) or electronic equivalent.

**Performance Measures**

GO      NO  
GO

1. Delivered or ensured authorized pick up of the correct medication to the requesting facility.      \_\_\_\_\_      \_\_\_\_\_

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
2. Posted all required information to the Controlled Substances Record (DA Form 3949) or electronic equivalent.	—	—
3. Obtained required receipt information from individual authorized to receive controlled substances.	—	—
4. Ensured that controlled substances were secured prior to departure from the area.	—	—
5. Returned the prescription for posting.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

## INVENTORY CONTROLLED SUBSTANCES 081-824-0034

**Conditions:** You are assigned to a pharmacy vault section or area that maintains controlled substances. You must maintain DA Forms 3862 or the electronic equivalent and other vault records for controlled substances. You will need controlled substance medications, counting tray and spatula or graduate, and DA Form 3862 (Controlled Substances Stock Record) or electronic equivalent.

**Standards:** The inventory and calculations were performed with 100% accuracy. All records were kept in accordance with AR 40-3.

### Performance Steps

1. Maintain a separate DA Form 3862 or electronic record for each controlled substance in stock.
2. Post all receipts (supply receipts and turn-ins) and expenditures to DA Form 3862 or electronic equivalent (refer to task 081-824-0035).
3. Physically count each controlled substance and verify that the amount on hand is the same as recorded on the DA Form 3862 or electronic equivalent.

*NOTE:* A physical inventory will be conducted within the pharmacy vault on all normal administrative duty days. This inventory will include all controlled substances that had an issue or receipt action since the last inventory. All controlled substances will be inventoried weekly, at a minimum, regardless of issue or receipt action.

4. Sign, date, and record the amount inventoried (on hand) on each DA Form 3862 or the electronic inventory print out.
5. Investigate any shortages or overages. Check all calculations, receipts, and prescriptions for errors.
6. Correct any posting errors on DA Form 3862 or electronic equivalent.

*NOTE:* Erasures invalidate records, and this method will not be used to correct errors in the register. Errors will be corrected by drawing a single line, in ink, through the erroneous entry, and initialed by the person making the correction. The correct entry will be recorded on the following line. Electronic corrections must be reflected in a Memorandum for Record generated by the responsible technician and signed by the OIC or Chief, Pharmacy.

7. Post inventory adjustments for minor overages and shortages caused by operational handling or undiscoverable posting errors.

*NOTE:* All inventory adjustments will be done within the established guidance of the local commander. All adjustments will be given to the monthly inventory team to be included in their report.

8. Notify the Chief of Pharmacy within 24 hours or IAW local SOP, if the discrepancy is not attributable to operational handling.

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO</u> <u>GO</u></b>
1. Counted each item and verified the count against the DA Form 3862 or electronic inventory print out.	—	—
2. Signed, dated, and recorded the amount inventoried (on hand) on the DA Form 3862 or electronic inventory print out.	—	—
3. Completed a daily inventory on 100% of items that had an issue or receipt action.	—	—
4. Completed a 100% weekly inventory on all items.	—	—
5. Investigated all inventory discrepancies.	—	—
6. Corrected posting errors discovered during inventory.	—	—
7. Posted inventory adjustments for minor overages and shortages.	—	—
8. Notified Chief of Pharmacy of unresolved discrepancies within 24 hours.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**

None

**Related**

AR 40-3  
FM 8-260

**POST DEBITS OR CREDITS ON CONTROLLED SUBSTANCES STOCK RECORD**  
**081-824-0035**

**Conditions:** You are assigned to a pharmacy vault section or an area that maintains controlled substances and must maintain DA Forms 3862 or the electronic equivalent and other vault records for controlled substances. You will need DA Form 3862 (Controlled Substances Stock Record), DD Form 1289 (DOD Prescription), DA Form 3161 (Request for Issue or Turn-In), and supply receipt vouchers. The use of electronic equivalents forms is acceptable.

**Standards:** Maintain records and post debits or credits on DA Form 3862 or electronic equivalent with 100% accuracy. All records were kept IAW AR 40-3.

**Performance Steps**

1. Maintain a separate DA Form 3862 for each controlled item in stock.

*NOTE:* Separate records must be maintained for separate dosage forms.

- a. Complete the heading of the Controlled Substances Stock Record (DA Form 3862).
  - (1) National Stock Number. The complete national stock number as listed in the DOD Medical Catalog. A suitable substitute is authorized (National Drug Code number or Prime Vendor Item number), however, this may not be required with electronic records.
  - (2) Description. The generic name, strength, and dosage form.
  - (3) Unit as Received. The unit of issue as received from medical supply or the Prime Vendor wholesaler.
  - (4) Conversion Factor. This is the number of accountable sub-units in a unit of issue. For example, if a bottle contains 100 tablets, the conversion will be recorded as: one bottle = 100 tablets.
  - (5) Accountable Unit. The smallest measuring unit that is practical to dispense or utilized by the patient.

*NOTE:* Maintain no more than a 30 day stock level, unless otherwise directed by the commander.

*NOTE:* If using a manual (paper) system, Note "R" and Note "Q" items will be separated by a divider or kept in separate binders.

- b. If using a manual (paper) system, all entries will be made in ink or typed.
2. Post expenditures (prescriptions and destructions) to DA Forms 3862 or electronic equivalent.
    - a. Date. The date the action took place.
    - b. Debit (Receipts). This block will remain empty on expenditure actions.
    - c. Debit (NO.) or Credit (RX) Number. The voucher, document, request, or prescription number of the action.
    - d. Credit (Expenditures). The number of accountable units issued or destroyed.
    - e. Balance on Hand. The amount here reflects the number of accountable units after the action has taken place.
  3. Post receipts (supply receipts and turn-ins) to DA Form 3862 or electronic equivalent.
    - a. Date. The date the action took place.
    - b. Debit (Receipts). The amount of accountable units received. Thus, if you receive a bottle of 100 tablets, you would record 100 under this heading.

**Performance Steps**

- c. Debit (NO.) or Credit (RX) Number. The voucher, document, request, or prescription number of the action.
- d. Credit (Expenditures). This block will remain empty on receipt actions.
- e. Balance on Hand. The amount here reflects the number of accountable units after the action has taken place.

4. Correct any posting errors on DA Form 3862.

*NOTE:* Erasures invalidate records and this method will not be used to correct errors in the register. Errors will be corrected by drawing a single line, in ink, through the erroneous entry, and initialed by the person making the correction. The correct entry will be recorded on the following line. Electronic corrections must be reflected in a Memorandum for Record generated by the responsible technician and signed by the OIC or Chief, Pharmacy.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Maintained a separate DA Form 3862 for each controlled item in stock.	—	—
2. Completed the heading of the Controlled Substances Stock Record.	—	—
3. Posted all expenditures.	—	—
4. Posted all receipts.	—	—
5. Corrected posting errors.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**SCREEN A CONTROLLED SUBSTANCE ORDER FROM A MEDICATION USE AREA  
081-824-0036**

**Conditions:** An area authorized to store and administer controlled substances presents an order to the support pharmacy vault. Electronic requests may be authorized. You will need signature card (DD Form 577) file or other means to verify signatures, formulary or the activity's authorized stock list, and medication reference materials.

**Standards:** The order was screened with 100% accuracy.

**Performance Steps**

1. Check the order for completeness and legibility.
  - a. Medication Use area or pharmacy is identified in the patient identification block.
  - b. Date.
  - c. Requestor's name and rank or degree (typed, stamped, or printed). The requestor must be an authorized prescriber or a registered nurse. If the requestor is another pharmacy, the request may be signed by a pharmacist or technician.
  - d. Requestor's social security number or DEA number.

*NOTE:* Controlled drugs are ordered on a modified DD Form 1289. The prescription is modified by lining out the symbol "Rx" and annotating in the patient identification block, "FOR WARD USE ONLY", "FOR PHARMACY USE ONLY", etc. All medication use areas including outlying pharmacies will utilize the same procedures for ordering controlled substances.

2. Check the authorization of the prescriber against the signature card file or master signature list or electronic equivalent.
3. Check the availability of the drug dosage form against the formulary or approved drug list for the requesting activity.
4. Confirm the appropriateness of the medication ordered based on scope of practice within that medication use area.
  - a. Ensure the amount of medication does not exceed two weeks usage level.
  - b. Ensure the medication is appropriate and authorized to the requesting activity.

*NOTE:* The vault technician must maintain awareness of "normal" requesting patterns and report abnormal requesting patterns or activities to his/her supervisor.

5. Resolve problems associated with order requests.
  - a. Check past records/history.
  - b. Contact the originating source.
  - c. Refer to supervisor.

*NOTE:* Technician must make contact with the originating source for requests that are non-stocked or temporarily out of stock.

6. Forward the order for filling.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked the order for completeness and legibility.	_____	_____
2. Checked the authorization of the prescriber.	_____	_____

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
3. Checked the availability of the drug dosage form.	_____	_____
4. Confirmed the appropriateness of the medication ordered.	_____	_____
5. Resolved problems associated with order requests.	_____	_____
6. Forwarded the order for filling.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

## FILL A WARD ORDER FOR CONTROLLED SUBSTANCES

**081-824-0037**

**Conditions:** You are assigned to the pharmacy vault section or an area that maintains controlled substances. A screened controlled substance order is presented for filling. You will need medications requested, counting tray and spatula or graduate, vials or bottles, formulary or the activity's authorized stockage list, medication reference materials, automated or manual prescription numbering system, labels, auxiliary labels, and typewriter or computer with printer.

**Standards:** The order was filled with 100% accuracy.

### Performance Steps

1. Assign the prescription number.
2. Select the correct medication.
3. Count or measure the medication.

*NOTE:* To the greatest extent possible, manufacturer's seals SHOULD NOT be broken. Issues to medication use areas should be rounded to the manufacturer's sealed quantity (bottles of 100's, cards of 10's).

4. Prepackage medications as appropriate.

*NOTE:* Although issues should be rounded to the manufacturer's sealed quantity, some wards or clinics will not utilize the quantity within a two week span. If you repackage medications into unit dose containers or strip packing, the quantity dispensed should reflect as close to the two week supply as possible.

5. Label prepackaged medication (unit dose, clinic, or ER issues) IAW task 081-824-0072.
6. Properly affix required auxiliary label(s) on the prepackaged medication container that will be dispensed to patients (clinic issues).
7. Recheck the medication against the prescription.
8. Date and initial the prescription.
9. Ensure that the order is set aside for checking by a competent and responsible second source.

*NOTE:* The checker should also recount the medication, date, and initial the prescription.

10. Package the medication for delivery, marking the packages with the appropriate activity identification.

*NOTE:* Maintain security at all times.

### Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Assigned the prescription the appropriate prescription number.	—	—
2. Selected the correct medication.	—	—
3. Counted or measured the medication.	—	—
4. Prepackaged medications as appropriate.	—	—

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
5. Correctly labeled prepackaged medication	—	—
6. Properly affixed correct auxiliary labels.	—	—
7. Rechecked the medication against the prescription.	—	—
8. Initialed the prescription.	—	—
9. Ensured that the order was set aside for checking.	—	—
10. Packaged the medications for delivery.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**PROCESS EXCESS OR EXPIRED CONTROLLED SUBSTANCES**  
**081-824-0038**

**Conditions:** You have been notified by a medication use area or pharmacy they have expired, surplus, contaminated, or recalled controlled substances that need to be returned to the pharmacy. You will need medications, DD Form 1289 (DOD Prescription) or DA Form 3161, DA Form 3949 (Controlled Substances Record), and DA Form 3862 (Controlled Substances Stock Record). The use of electronic equivalent forms is acceptable.

**Standards:** The controlled substance was picked up and returned to the pharmacy for reissue or destruction. All paperwork was completed without error.

**Performance Steps**

1. Identify the controlled substance(s) to be returned to the pharmacy.

*NOTE:* Notification may be verbal (telephonic or in person) or written (DD Form 1289). The notification for patient turn-ins at the outpatient pharmacy is usually in person. Medication use area (wards/clinics) turn-ins are usually via the modified DD Form 1289.

2. Record the necessary information onto the transfer document.
  - a. Name of returning activity.
  - b. Drug name and strength.
  - c. Amount of drug being returned.
  - d. Manufacturer.
  - e. Lot Number.
  - f. Expiration date.
  - g. Document number or prescription number.

*NOTE:* A transfer document may be a DA Form 3161 or a DD Form 1289.

*NOTE:* Depending on your local policy, a transfer document may not be required for a patient turn-in to the outpatient pharmacy, however for accountability purposes most facilities will have the patient sign a completed DA Form 3161.

3. Post all required information to the activity's Controlled Substances Record (DA Form 3949) or electronic equivalent.
  - a. All entries will be made in ink.
  - b. Record the day and hour in designated blocks.
  - c. Write the words "Pharmacy Turn-In" in the "PATIENT'S NAME" column.
  - d. The document number or prescription number is annotated in the "ORDERED BY" column.
  - e. The amount of drug being turned in is recorded in the "EXPENDITURES" column.
  - f. Initiate a physical count of the medication between the individual with the current chain of custody and the pharmacy person receiving the medication.
  - g. The pharmacy representative will enter his or her signature in the "ADMINISTERED BY" column.
  - h. The ward or clinic representative will initial the "RECEIPTS" column.
  - i. The pharmacy representative will fill in the new balance on the DA Form 3949.
4. Issue the activity a copy of the transfer document.
5. Return the controlled drug to the pharmacy (main vault) for disposition.

**Performance Steps**

*NOTE:* Controlled substances suspected of contamination or deterioration will be returned to the pharmacy for disposal or determination by the pharmacy officer as to safety for further dispensing. Drugs that are not usable for the purpose originally intended, are of questionable potency, or have had their identification compromised, will be destroyed.

6. Return the original transfer document (DA Form 3161 or DD Form 1289) to the pharmacy for posting to the Controlled Substances Stock Record (DA Form 3862) or electronic equivalent.

*NOTE:* If the medication is acceptable for re-issue, posting is done to the active vault. If the medication is NOT acceptable for re-issue, posting is done to the destruction or inactive vault. Turn-ins from hospitalized patients may be posted to the active vault if they are going to be issued to that patient during his/her hospitalization (unit dose). If the turn-in from the hospitalized patient is not required during his/her stay, the medication will usually be posted to the inactive vault until patient discharge when it is either reissued to the patient or processed for destruction. Refer to the local policy for specific physical count and receipt system in place for patient turn-ins.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Identified the controlled substance(s) to be returned to the pharmacy.	—	—
2. Recorded the necessary information onto the transfer document.	—	—
3. Posted all required information to the activity's Controlled Substances Record (DA Form 3949) or electronic equivalent.	—	—
4. Issued the activity a copy of the transfer document.	—	—
5. Returned the controlled drug to the pharmacy (main vault) for disposition.	—	—
6. Returned the original transfer document to the pharmacy for posting to the appropriate vault.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-61  
FM 8-260

Subject Area 6: Supply/Support

**SCREEN A BULK DRUG ORDER**  
**081-824-0008**

**Conditions:** You have received a bulk drug order, DA Form 3875 or electronic equivalent, to screen prior to filling. You will need signature card (DD Form 577) file or other means to verify signatures, formulary or the requesting activity's authorized stock list, and medication reference materials.

**Standards:** The order was screened with 100% accuracy.

**Performance Steps**

1. Check the bulk drug order (DA Form 3875 or electronic equivalent) for completeness.
  - a. Date of the order.
  - b. Number of pages.
  - c. Name of the ordering activity.
  - d. Complete description of each item requested to include:
    - (1) Name of the drug.
    - (2) Strength.
    - (3) Dosage form.
    - (4) Unit of issue.

*NOTE:* In many circumstances, the unit of issue to wards and clinics will not be the same unit of issue as the pharmacy receives from medical supply.

- (5) Quantity requested.
  - e. Authorized signature.

*NOTE:* Verify signature.

2. Confirm the validity of the medication ordered.
  - a. Ensure the amount of medication does not exceed a two week usage level.

*NOTE:* The pharmacy will contain historical supply records to calculate the two week usage level.

- b. Ensure the medication is appropriate to the ordering activity by verifying against the authorized stockage list.

3. Resolve problems with the bulk drug order.

- a. Unauthorized drugs.
    - (1) Consult with your supervisor.
    - (2) Contact the originating source.
    - (3) Place the letters "NA" (not authorized) in the "Pharmacy Action" column or "zero" the item electronically.
  - b. Controlled drugs.
    - (1) If the item ordered is a Note Q or Note R controlled item, place the letters "CONT" (controlled substance) in the "Pharmacy Action" column.

*NOTE:* Controlled drugs are ordered on a DOD Prescription, DD Form 1289. The prescription is modified by lining out the symbol "Rx".

- (2) Notify the requesting activity to submit a modified DD Form 1289 for the controlled drug.
    - c. Nonstocked items.

**Performance Steps**

- (1) If an item is not stocked by the pharmacy, place the letters "DNS" (do not stock) in the "Pharmacy Action" column and notify the originating source immediately.
- (2) Asterisk the line and suggest an alternate drug, if available, at the bottom of the form.
- d. Temporarily out of stock items.
  - (1) If an item is temporarily out of stock by the pharmacy, place the letters "TOS" (temporarily out of stock) in the "Pharmacy Action" column and notify the originating source immediately.
  - (2) Asterisk the line and note the "due in" date at the bottom of the form.
- 4. Accept or forward the bulk drug order for filling.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked the bulk drug order (DA Form 3875 or electronic equivalent) for completeness.	_____	_____
2. Confirmed the validity of the medication ordered.	_____	_____
3. Resolved problems with the bulk drug order.	_____	_____
4. Accepted or forwarded the bulk drug order for filling.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**FILL BULK DRUG ORDERS**  
**081-824-0009**

**Conditions:** You receive a screened bulk drug order, DA Form 3875 or electronic equivalent, to be filled. You will need medications requested, counting tray and spatula or graduate, vials, bottles, formulary or the requesting activity's authorized stock list, medication reference materials, labels, auxiliary labels, and a typewriter or computer with printer.

**Standards:** The bulk drug order was filled, labeled, and delivered to the requesting activity with 100% accuracy.

**Performance Steps**

1. Identify the item(s) to be filled.
  - a. If the pharmacy has the drug in the amount specified, it is annotated numerically in the "Pharmacy Action" column.
  - b. If the pharmacy can only fill part of the amount requested, indicate how much was provided, asterisk the line, and note at the bottom of the form when the remaining amount may be expected.

*NOTE:* If a trade name is requested and a generic substitution is made, put a single line through the trade name and write in the generic name above it.

2. Select the correct medication.
  - a. Correct package size.
  - b. Correct medication strength and dosage form.
  - c. Correct prepackaged medication (clinic issues).
  - d. Correct compounded medication.
3. Count or measure the medication and package it in an appropriate container for dispensing to the requesting activity.
4. Properly affix correct auxiliary labels.
5. Initial the bulk drug order in the block titled "For Pharmacy Use Only".
6. Calculate work units and record units on the bulk drug order in the block titled "For Pharmacy Use Only".
7. Ensure that the completed bulk drug order is checked by a competent and responsible second source.
8. Prepare the medication for delivery.
  - a. Ensure medication is stored or delivered under manufacturer's recommendations (refrigeration, room temperature, etc.).
  - b. Prepare a completed copy of the bulk drug order to accompany the order on delivery.
  - c. Mark the delivery package with the appropriate requesting activity identification.
9. File the original bulk drug order.
10. Ensure the correct bulk drug order is delivered to the correct requesting activity or is available for pick up.
11. Inform the person receiving the bulk drug order of any specific handling and storage requirements.

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO</u> <u>GO</u></b>
1. Identified the item(s) to be filled.	_____	_____
2. Selected the correct medication.	_____	_____
3. Counted or measured the medication and packaged it in an appropriate container for dispensing to the requesting activity.	_____	_____
4. Properly affixed the correct auxiliary labels.	_____	_____
5. Initialed the bulk drug order in the block titled "For Pharmacy Use Only".	_____	_____
6. Calculated work units and recorded units on the bulk drug order.	_____	_____
7. Ensured that the completed bulk drug order was checked.	_____	_____
8. Packaged the medication for delivery.	_____	_____
9. Filed the original bulk drug order.	_____	_____
10. Delivered the correct bulk drug order.	_____	_____
11. Informed the person receiving the bulk drug order of any specific handling and storage requirements.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**

None

**Related**

AR 40-3  
FM 8-260

**INVENTORY NONCONTROLLED PHARMACY SUPPLIES AND MATERIALS  
081-824-0018**

**Conditions:** You are assigned to the pharmacy supply section and must inventory supplies and maintain records. You will need inventory records and supply vouchers.

**Standards:** Pharmacy supplies and materials were properly inventoried and appropriate stockage levels were maintained.

**Performance Steps**

1. Ensure that all receipts and issues have been posted to the appropriate inventory records.
2. Inventory (physically count) existing stock on hand and compare to inventory records.
3. Investigate unexplainable overages and losses.
4. Adjust inventory records as necessary.
5. Place requisitions for items that have reached their reorder point. Refer to tasks 081-824-0053 and 081-824-0060.
6. Administer appropriate special handling as required (i.e., controlled substances).

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Ensured all receipts and issues were posted.	_____	_____
2. Inventoried stock on hand and compared to inventory records.	_____	_____
3. Investigated unexplainable overages and losses.	_____	_____
4. Adjusted records as necessary.	_____	_____
5. Prepared to place requisitions for items that reached their reorder point.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-61  
FM 8-260

**RECEIVE PHARMACY SUPPLIES AND MATERIALS**  
**081-824-0019**

**Conditions:** You are assigned to a pharmacy supply section and have received a shipment of pharmacy supplies and supply vouchers.

**Standards:** All items were sorted, inventoried, and accounted for prior to signing supply vouchers. All items received were checked for expiration dates. All discrepancies were resolved.

**Performance Steps**

1. Inventory the order by checking the actual items received against the supply vouchers.

*NOTE:* Pay attention to changes in the unit of issue and price.

2. Inspect each item for product integrity to include that the label is legible and the container is sealed.

3. Check the expiration date of each item.

*NOTE:* Depending on local policy, you will generally not accept items with less than 60 to 90 days potency without prior agreement with the prime vendor or servicing logistics branch (medical supply).

4. Resolve discrepancies with medical supply or prime vendor to include shortages, overages, and unacceptable items.

*NOTE:* Refuse outdated, compromised (unsealed, outside of temperature control), and unacceptable items (i.e., expired, broken). Rectify overages and shortages with servicing supply company to ensure proper credit, charge, receipt or return of items.

5. If the item is acceptable, sign the supply voucher with the current Julian date and signature.

6. Return original (signed) voucher to servicing supply for proper charges while maintaining a copy for pharmacy records.

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Inventoried the order by checking supply vouchers for accuracy.	___	___
2. Inspected product integrity.	___	___
3. Checked the expiration date of each item.	___	___
4. Resolved discrepancies due to shortages, overages, and unacceptable items.	___	___
5. Signed the supply voucher with Julian date and signature.	___	___
6. Filed pharmacy copies of completed and signed supply vouchers.	___	___

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**  
**Required**  
None

**Related**  
AR 40-3  
AR 40-61  
FM 8-260

**STORE PHARMACY SUPPLIES AND MATERIALS**  
**081-824-0020**

**Conditions:** You are assigned to a pharmacy supply section and have been directed to store receipted pharmacy supplies or equipment. You will need storage requirement information.

**Standards:** All items were stored according to their storage requirements and rotated by expiration date.

**Performance Steps**

1. Ensure that items are properly received and inventoried. (See task 081-824-0019.)
2. Select the appropriate storage location based on the manufacturer's recommendation.
3. Place items in the proper storage area.
  - a. Arrange items alphabetically by generic name and strength (example, 250 mg comes before 500 mg).
  - b. Rotate stock by expiration date, with the earlier expiration date before the later date.
4. Correct any discrepancies found in storage areas such as items stored improperly or expired items found on shelves.

*NOTE:* Remove expired items and place in the appropriate location designated for suspended medications.

5. Notify the supervisor of any irregularities or discrepancies.

*NOTE:* Your facility may require you to identify items with an easy expiration date removal system when items are received (i.e., different colored sticker dots for each month of the year).

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Ensured that items have been properly received and inventoried.	_____	_____
2. Selected the appropriate storage location based on the manufacturer's recommendation.	_____	_____
3. Placed items in the proper storage area.	_____	_____
4. Corrected any discrepancies found in storage areas such as items stored improperly or expired items found on shelves.	_____	_____
5. Notified the supervisor of any irregularities or discrepancies.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
FSC C-6500 SERIES

**Related**  
AR 40-3  
AR 40-61  
FM 8-260

**RESTOCK ANAPHYLACTIC TRAYS OR CRASH CARTS**  
**081-824-0040**

**Conditions:** You receive an incomplete anaphylactic tray or crash cart from a ward, clinic, or central material supply. You will need medications, the component inventory listing for the tray, kit, or cart to be restocked, labels, and a date stamp.

**Standards:** The component was filled with 100% accuracy and labeled with the correct expiration date.

**Performance Steps**

1. Inventory the tray based on locally determined component inventory list.
  - a. Identify missing drugs.
  - b. Identify expired drugs.
  - c. Identify compromised drugs.
2. Replace missing, expired, and compromised drugs.
3. Record the items placed into the tray or cart.

*NOTE:* Refer to local policy for specific quality control records that accompany the tray or cart. Most facilities will place a complete inventory document on the tray or the top of the cart to communicate the items, the expiration dates, manufacturer, and lot numbers for quality control records.
4. Label the outside of the tray or crash cart with the appropriate expiration date.

*NOTE:* The expiration date of the cart should correspond with the item that expires first in the cart. This may be a medication or medical-surgical item.
5. Initial the label or approved log.
6. Ensure that the component is checked and the label initialed by a competent and responsible second source.
7. Seal the tray or crash cart with tamper evident alert device.

*NOTE:* Tamper evident alert device may include shrink wrap, break-away wrap, or numbered seals or locks. If the pharmacy is responsible for security and control of numbered seals, an appropriate seal log must be maintained.
8. Deduct any items removed from stock from the inventory records.
9. Return the component to central material supply or the pharmacy holding area for disposition.
10. Record work units by generating a bulk drug order. The "requesting" activity is the activity that turned in the tray or cart for restock or the central material supply.

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Inventoried the tray based on inventory list.	_____	_____
2. Replaced missing, expired, and compromised drugs.	_____	_____
3. Recorded the items placed into the tray or cart.	_____	_____

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
4. Labeled the outside of the tray or cart with the appropriate expiration date.	—	—
5. Initialed the label or approved log.	—	—
6. Ensured that the component tray was checked by a second source.	—	—
7. Sealed the tray or crash cart with tamper evident alert device.	—	—
8. Deducted any items removed from stock from the inventory records.	—	—
9. Returned the component to central material supply or the pharmacy holding area for disposition.	—	—
10. Recorded work units.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 190-51

**REQUISITION PHARMACEUTICALS**  
**081-824-0053**

**Conditions:** You are working in the pharmacy supply section responsible for requisitioning pharmaceuticals. You will need complete descriptive data for the requested item, requisition forms, and document register. The attending medical or dental officer's name and rank, brief patient prognosis/diagnosis, and a statement of medical need will be necessary for emergency requisitions.

**Standards:** Pharmaceuticals were requisitioned without error.

**Performance Steps**

*NOTE:* The requisition of pharmaceuticals at most facilities is an automated process utilizing a government contracted Prime Vendor (Wholesaler). Remote locations may utilize a prime vendor, but normally will use the Theater Army Medical and Material Information System (TAMMIS). Within each system a "formulary" is established that will automatically generate a demand history and stock levels. The use of bar codes and bar code readers is the norm for requisitioning of supplies through the prime vendor. The use of standardized reorder lists or "pick" lists is the norm for requisitioning of supplies through the TAMMIS system. When these systems are not available other requisition forms are utilized to request supplies IAW local policy.

1. Conduct an inventory of supplies using bar code reader, TAMMIS pick list, inventory records, or local equivalent.
2. Determine the priority (need for the item) of the medication.

*NOTE:* Life or death emergency requisitions are requested as a priority 03 IAW AR 40-61.

*NOTE:* Stocked items are usually delivered within 24 hours from the Prime Vendor and within 24-72 hours from the supporting medical supply activity.

3. Download bar code reader for transmission (to Prime Vendor warehouse) or submit reorder lists (TAMMIS) to supporting medical supply activity for routine requests (nonemergency).
4. Coordinate with the supporting medical supply activity or Prime Vendor for availability and turn around times of non-stocked items.

5. Notify the supporting medical supply activity or Prime Vendor of emergency requisition.

*NOTE:* Prime Vendors may be notified electronically or telephonically of emergency requisition. The procedure for this should be outlined in the contract.

*NOTE:* Military logistic units will require you to "walk through" the requisition and identify the specific priority.

6. Complete the emergency requisition.
  - a. Enter the patient's diagnosis/prognosis on the back of original (top) requisition.
  - b. Enter the attending medical or dental officer's name and rank under the patient's prognosis/diagnosis.

*NOTE:* Only a medical or dental officer can initiate a priority 03 request.

- c. Assign a document number to the request.
- d. Maintain a copy of the request.

7. Submit the emergency request to the supporting medical supply activity.

**Performance Steps**

*NOTE:* If the medical necessity cannot be met by this procedure, you may "borrow" or "purchase" the medication from a local hospital or retail pharmacy; in extreme cases you may "purchase" the medication directly from the manufacturer.

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO GO</u></b>
1. Conducted an inventory of supplies.	_____	_____
2. Determined the priority of the requisition.	_____	_____
3. Submitted order.	_____	_____
4. Coordinated with the supporting medical supply activity or Prime Vendor for information about non-stocked items.	_____	_____
5. Notified the supporting medical supply activity or Prime Vendor of emergency requisition.	_____	_____
6. Completed the emergency requisition.	_____	_____
7. Submitted the emergency request to the supporting medical supply activity.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-61  
DA PAM 710-2-1

## INVENTORY PHARMACEUTICALS IN MEDICATION USE AREAS

**081-824-0058**

**Conditions:** You are working in the pharmacy supply section required to conduct an inventory of items in medication use areas or your pharmacy sections. You are to accurately add, delete, and update your pharmaceutical inventory using supply inventory computer program. You will perform a physical inventory count of pharmaceutical products located in the pharmacy or medication use area.

*NOTE:* When performing an inventory of medication use areas (ward/clinics) a bar code reader/scanner or reorder sheet (pick list) may be utilized.

**Standards:** All inventories were taken either as of opening of business or as of the close of business on the inventory date and the date and time of the inventory were noted on the inventory record. The person making the inventory record signed the bottom of final page of the inventory and initialed and dated the bottom of all other pages of the inventory record.

### Performance Steps

1. Prepare reports to check the usage history for the last 30 to 90 days to determine how much medication is used on weekly and monthly basis. You may use the supply system or the CHCS to generate these reports.

*NOTE:* When using the days supply method, the operating level will be 30 days.

*NOTE:* Levels for nonstandard items acquired under vendor service will be based on quantities necessary to sustain operation between resupply cycles. (See para 3-8 of AR 40-61)

*NOTE:* Other TOE medical supply operations (Pharmacies) will maintain informal inventory accounting records. To maximize efficiency and accuracy of records and effectiveness of training, item records will be maintained in accordance with procedures in AR 710-2 and DA PAM 710-2-2 to the maximum extent possible.

*NOTE:* When conducting an inventory, the inventory must be completed within five days. If it is not possible to complete the inventory within the allotted time an extension can be granted by the Chief of Pharmacy service. Also a wall-to-wall inventory must be conducted annually; however, it's highly advised that it be done semi-annually.

2. Inventory (physically count) existing stock on hand and compare to inventory records.
3. Investigate unexplainable overages and losses.
4. Adjust inventory records as necessary.
5. File completed inventory and maintain for one year.

### Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Prepared usage history reports.	—	—
2. Inventory was completed and compared to inventory records.	—	—
3. Investigated overages and losses.	—	—

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
4. Adjusted inventory records.	_____	_____
5. Filed inventory sheets and maintained for one year.	_____	_____
6. Documentation reflected an inventory within the past 12 months.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-61  
AR 710-2

**CALCULATE PHARMACEUTICAL STOCK LEVELS**  
**081-824-0060**

**Conditions:** You are working in the pharmacy supply section. You are to calculate the stock levels for all pharmaceutical items using a supply inventory computer program.

**Standards:** A usage report was generated to calculate stock levels every 90-180 days.

**Performance Steps**

1. Prepare reports to check the usage history for the last 30 to 90 days to determine how much medication is used on weekly and monthly basis. You may use the supply system or the CHCS to generate these reports.

*NOTE:* This may be done automatically for you by the Prime Vendor or the supporting medical supply activity.

2. Calculate the 30 days stock level by dividing the item usage (quantity dispensed) by the number of months indicated on the report.
3. Calculate the reorder point (usually 1/2 of the stock level).
4. Calculate the safety level (usually 1/4 of the stock level).

*NOTE:* When using the days supply method, the operating level will be 30 days or as established by local policy.

*NOTE:* Levels for nonstandard items acquired under vendor service will be based on quantities necessary to sustain operation between resupply cycles. (See para 3-8 of AR 40-61.)

5. Record the stock level and reorder point on to the inventory stock record card or electronic equivalent. This may also be recorded on the shelf label.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Prepare usage reports.	_____	_____
2. Calculated a 30 day stock level.	_____	_____
3. Calculated the reorder point and safety level.	_____	_____
4. Reorder points were calculated within 90-180 days.	_____	_____
5. Recorded the stock level and reorder point.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-61  
AR 710-2

**PACK PHARMACEUTICAL SUPPLIES FOR DEPLOYMENT**  
**081-824-0063**

**Conditions:** You are assigned to a field unit hospital pharmacy and have been given the warning order to prepare for deployment. You will need authorized medications, other pharmaceutical supplies, medical chests, and containers.

**Standards:** Packed pharmaceutical supplies for deployment in medical chests or other suitable containers that will allow for safe undamaged arrival and in an organized readily accessible format. Packed an auxiliary subset of pharmaceuticals for use during troop movement.

**Performance Steps**

1. Inventory and identify items for packing using the NSN, nomenclature, expiration date, and quantity.
2. Create chest-packing lists using information from inventory.
3. Develop chest-packing lists for critical areas such as ER/OR/ICU.
4. Organize pharmaceutical supplies for packing.  
*NOTE:* Organize like storage items together (i.e., topicals, rectals).
5. Pack pharmaceuticals safely (wraps glass containers, vials, ampoules, etc.) in designated medical chests or suitable containers.  
*NOTE:* Isolate flammables and other hazardous substances that require special handling or shipping procedures.
6. Prepares separate subset of pharmaceuticals for use during troop movement.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Inventoried and identified items for packing.	_____	_____
2. Created chest-packing lists using information from inventory.	_____	_____
3. Developed chest-packing lists for critical areas of the hospital.	_____	_____
4. Organized pharmaceuticals for packing.	_____	_____
5. Packed pharmaceuticals safely in designated medical chests.	_____	_____
6. Prepared subset of pharmaceuticals to be available for troop movement.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References** None

**PREPARE A DOCUMENT REGISTER**  
**101-92Y-1401**

**Conditions:** Assigned as a Unit Supply Specialist, in a field or garrison environment, given the responsibility to document supply transactions. Given AR 25-400-2, The Modern Army Recordkeeping System (MARKS); AR 710-2, Inventory Management Supply Policy Below the Wholesale Level; DA Pam 710-2-1, Using Unit Supply System (Manual Procedures); organization designation; Department of Defense Activity Address Code (DODAAC); Unit Identification Code (UIC); documents to be recorded; a blank DA Form 2064, Document Register for Supply Actions; and/or a computer system with a forms program.

**Standards:** Prepare the DA Form 2064 IAW DA Pam 710-2-1 and verify that all transactions are posted in the proper sequence.

**Performance Steps**

1. Fill in header data on the DA Form 2064, Document Register.
  - a. Block 1: Enter name of the element and unit keeping the register.
  - b. Block 2: Enter unit DODAAC that will be put on the request. Communication Security (COMSEC) accounts will have a document register for COMSEC items managed by the COMSEC custodian. This is a separate register, not under the control of the PBO.
  - c. Block 3: Enter UIC of the requesting unit.
  - d. Block 4: Enter page number. Pages are numbered in sequence.
  - e. Enter Julian date.
  - f. Enter document serial number.
  - g. Enter last three (3) digits of SSA's DODAAC.
  - h. Enter NSN/CAGE/MCN.
  - i. Enter the nomenclature.
  - j. Enter request for.
  - k. Enter priority designator.
  - l. Enter initials of authenticating authority.
  - m. Enter quantity (requested, received/turned-in),
  - n. Enter date completed.

*SME NOTE:* There are three types of document registers: nonexpendable, expendable and durable. The PBO may authorize the expendable and durable registers to be combined. A document register for all supply actions will be kept by each organizational element authorized by the PBO to request supplies. For nonexpendable items, there is one register per property book (maintained at property book level). For expendable/durable items, there is one register per organizational element as directed by the PBO. The document numbers from the registers will not be duplicated.

2. Input header data to establish the document control register in ULLS-S4.
  - a. Select "Utilities Menu" from ULLS-S4 Main Menu.
  - b. Select "Add DODAAC Sub-process."
    - (1) Enter DODAAC.
    - (2) Enter SARSS interface data.
    - (3) Enter unit description data
    - (4) Enter unit parameters data.

*SME NOTE:* When operating the ULLS-S4, there are three property master files. The operating system however only produces one document control register that combines expendables and durables only.

## Performance Steps

3. Record entries on the document register.
  - a. Column a: Enter Julian date. For training ammunition, follow the procedures found in DA Pam 710-2-1, figure 11-9.
  - b. Column b: Enter assigned four-digit document serial number. Restart the sequence daily.
  - c. Column c: Enter the last three digits of the SSA's DODAAC in the document sent to block. COMSEC custodians enter the last three digits of the supporting SSA COMSEC account number. For other than request for issue or turn-in, enter name of activity the document is sent to.
  - d. Column d:
    - (1) Enter the stock number of the item being requested or turn-in. For nonexpendable document registers, the LIN may be included for purposes of continuity and cross-reference.
    - (2) For requests for issue or turn-in on DA Form 3161, leave blank.
    - (3) For ammunition requests, extract from block "B" of DA Form 581.
    - (4) For other than request for issue or turn-in, leave blank.
  - e. Column e:
    - (1) Enter one or two words that identify the item requested or turn-in.
    - (2) Enter request for issue or turn-in on DA Form 3161.
    - (3) For training ammunition, follow the procedures in DA Pam 710-2-1, figure 11-9.
    - (4) Enter for other than request for issue or turn-in, a description of the form or action. Examples are:
      - (a) S/C for Statement of Charges.
      - (b) C/C for Cash Collection.
      - (c) R/S for Report of Survey.
      - (d) AAR for Administrative Adjustment Report.
  - f. Column f:
    - (1) Enter hand receipt or equipment number, or other locally assigned identification for which item is requested.
    - (2) Enter for supply requests that are required by a maintenance requester, the job order number.
    - (3) Enter for adjustment documents such as Statement of Charges or Reports of Survey, the applicable hand receipt number.
  - g. Column g: Enter the PD of the request for issue. Otherwise, leave blank.
  - h. Column h:
    - (1) The person authorized to authenticate requests will place their initials in this column for each UND A and B request otherwise leave blank.
    - (2) Enter UND A and B for supply requests that are required by a maintenance request. Other wise, leave blank. Initials are not required for requests that have been extracted from another register.
  - i. Column I:
    - (1) Enter the quantity requested.
    - (2) For training ammunition, follow the procedures in DA Pam 710-2-1, figure 11-9.
    - (3) For request for issue on DA Form 3161, leave blank.
    - (4) For other than request for issue, leave blank.
  - j. Column j: Enter the quantity received from the SSA or quantity turned in. Enter partial receipts in pencil. Otherwise, leave blank.

**Performance Steps**

- k. Column k: Enter the quantity due-in when a document number is assigned (pencil entry). On receipt of materiel or of cancellation or rejection status, change the due-in quantity.
- l. Column l:
  - (1) This column may contain more than one entry. All entries are made in pencil. When the space in this column is insufficient, use column "N" (Remarks).
  - (2) Enter the total quantity when supply status card is received for total due-in quantity, and erase any previous entry.
  - (3) Enter the quantity when supply status card is received for part of due-in quantity, erase previous entry, enter new status code, and EDD if provided and quantity from status card.
  - (4) Enter shipment status when card or listing is received for total due-in quantity, erase previous entry and enter document identifier code (DIC) and the date shipped or ESD from the card.
  - (5) Enter shipment status when card or listing is received for part of due-in quantity, erase previous entry, as appropriate. Enter DIC, the date shipped, or ESD, and quantity from status card.
  - (6) Enter final action when completed. Erase previous entry.
- m. (Column m)
  - (1) Enter Julian date when final action is completed. If a partial quantity is received, enter Julian date of receipt in pencil.
  - (2) When cancellation or rejection status is received for total quantity requested, enter the status code and the Julian date of the cancellation or rejection verification (see para. 2-25).
  - (3) Enter CXL and Julian date when request documents are cancelled prior to forwarding to the SSA, and when documents other than request for issue are cancelled.  
when the survey officer for damaged property initials the release document.
  - (4) Enter Julian date for adjustment documents that are posted to the property records. Enter the Julian date
- n. (Column n)
  - (1) When cancellation/rejection status is received for part of the quantity requested, enter partial quantity received in column "J." A permanent entry is required when action is completed. Enter status code, quantity cancelled, and the Julian date of the cancellation/rejection verification.
  - (2) When AF1 or AT\_ follow-up is submitted, DA Pam 710-2-1, erase proper entry in column 1. Enter AF1 or appropriate AT\_ DIC and Julian date (pencil entry).
  - (3) When AFC follow-up is submitted, DA Pam 710-2-1, enter AFC and Julian date (pencil entry).
  - (4) When request for transportation status is submitted, DA Pam 710-2-1, para 2-23, erase entry in column 1. Enter TM1 and Julian date (pencil entry).
  - (5) When request modifier is submitted, DA Pam 710-2-1, update entries for which modification is requested. Enter AM1 and Julian date (pencil entry).
  - (6) When request for cancellation for total due-in quantity is submitted, DA Pam 710-2-1, enter AC1 and Julian date (pencil entry).
  - (7) When request for cancellation for part of due-in quantity is submitted, DA Pam 710-2-1, enter AC1 quantity to be cancelled, and Julian date (pencil entries).
  - (8) When follow-up on cancellation request is submitted, DA Pam 710-2-1, erase AC1 and Julian date in column "N." Enter AK1 and Julian date (pencil entries).
  - (9) Erase pencil entries in this column on receipt of reply to document submitted.

**Performance Steps**

- (10) All entries will be made in ink or by typewriter unless otherwise stated.
- (11) Draw a single line through the incorrect entry and enter the correction above.

*NOTE:* If the document control register is maintained utilizing the ULLS-S4, the unit information and the establishment of document number series are done under the task, Establish ULLS-S4 Unit Parameter Files. Although the automated DCR information is similar to the manual procedures, it does have unique features that will be covered in a step-by-step process during the building of the parameter files.

- 4. Close out a document register.
  - a. Close out manual document registers.
    - (1) Close out current active calendar/fiscal year document register
    - (2) File IAW DA Pam 710-2-1 and AR 25-400-2.
  - b. Close out inactive document register.
    - (1) Move open requests to new active document register in document number sequence.
    - (2) File IAW DA Pam 710-2-1, AR 25-400-2.
  - c. Enter the statement "CLOSE OUT", the current date, signature of the individual performing the posting on the next available line following the last document entry in the register.
  - d. Close out automated document control register (DCR).
    - (1) Select "Supply Menu" from S4 Main Menu.
    - (2) Select "Receipt/Status/DCR Menu."
    - (3) Select "DCR Inquiry."
    - (4) Select "Print Purge Inactive DCR."
    - (5) Review inactive DCR printout.
    - (6) Dispose of IAW DA Pam 710-2-1, AR 25-400-2, and ULLS-S4 EM.

*NOTE:* Inactive records are purged from the system every 180 days.

- 5. File the Document Register.
  - a. Place the document register pages in a binder by page number sequence.
  - b. Place a label on the outside of the binder with the FN: 710-2b, and include disposition instructions.
  - c. This register become inactive and kept in the current files for one year. During this period, any open transactions, which are completed, are closed out (posted) on the old inactive register. At the end of the one-year period, all open numbers in sequence are transferred to the new document register. The old inactive register is held for one additional year and is then destroyed.

*SME NOTE:* The filing procedures for the automated document register are the same as the manual register. The parameters are set in the document control register of ULLS-S4 that cause the system to purge the active register based on the number of days in the parameter file. Inactive files are purged from the system every 180 days.

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Filled in header data on a document register.	_____	_____
2. Input header data to establish the document control register.	_____	_____
3. Recorded entries on document register.	_____	_____
4. Closed out a document register.	_____	_____

**Performance Measures**

<u>GO</u>	<u>NO</u>
_____	<u>GO</u>
_____	_____

5. Filed document register.

**Evaluation Guidance:** Score the soldier a GO if all steps are done correctly. Score the soldier a NO GO if any step is failed. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**

AR 25-400-2  
AR 710-2  
DA PAM 710-2-1

**Related**

None

**MAINTAIN A DOCUMENT REGISTER (NON-AUTOMATED)**  
**101-525-1141**

**Conditions:** You have been given the requirement to maintain your unit's supply document register (DA Form 2064). Given the current unit document register (DA Form 2064), various supply requests, supply status cards, and hand receipts.

**Standards:** Maintain the document register without error IAW DA Pamphlet 710-2-1, DA Pamphlet 710-2-2, AR 25-400-2.

**NOTE:** The soldier must have reinforcement training on supply concepts.

**Performance Steps**

1. Fill in header data on the DA Form 2064 (Document Register).
  - a. Block 1: Enter name of the element and unit keeping the register.
  - b. Block 2: Enter unit DODAAC that will be put on the request.
  - c. Block 3: Enter UIC of the request unit.
  - d. Block 4: Enter page number. Pages are numbered in sequence.
  - e. Enter Julian date.
  - f. Enter document serial number.
  - g. Enter last three (3) digits of SSA's DODAAC.
  - h. Enter NSN/CAGE/MCN.
  - i. Enter the nomenclature.
  - j. Enter the type of transaction the request is for.
  - k. Enter priority designator.
  - l. Enter initials of authenticating authority.
  - m. Enter quantity (requested, received/turned-in).
  - n. Enter date completed.
  
2. Record entries on the document register.
  - a. Column a: Enter Julian date.
  - b. Column b: Enter assigned four-digit document serial number. Restart the sequence daily.
  - c. Column c: Enter the last three digits of the SSA's DODAAC in the document sent to block.
  - d. Column d:
    - (1) Enter the stock number of the item being requested or turned in. For non-expendable document registers, the LIN may be included for purposes of continuity and cross-reference.
    - (2) For request for issue or turn-in on DA Form 3161, leave blank.
    - (3) For other than request for issue or turn-in, leave blank.
  - e. Column e:
    - (1) Enter one or two words that identify the item requested or turned in.
    - (2) Enter request for issue or turn-in on DA Form 3161.
  - f. Column f:
    - (1) Enter hand receipt or equipment number, or other locally assigned identification for which item is requested.
    - (2) Enter for supply requests that are required by a maintenance requester, the job order number.

**Performance Steps**

- (3) Enter for adjustment documents such as Statement of Changes or Reports of Survey, the applicable hand receipt number.
- g. Column g: Enter the PD of the request for issue. Otherwise, leave blank.
- h. Column h:
- (1) The person authorized to authenticate requests will place their initials in this column for each UND A and B request otherwise leave blank.
  - (2) Enter UND A and B for supply requests that are required by a maintenance request. Otherwise, leave blank. Initials are not required for requests that have been extracted from another register.
- i. Column i:
- (1) Enter the quantity requested.
  - (2) For request for issue on DA Form 3161, leave blank.
  - (3) For other than request for issue, leave blank.
- j. Column j: Enter the quantity received from the SSA or quantity turned in. Enter partial receipts in pencil. Otherwise, leave blank.
- k. Column j: Enter the quantity received from the SSA or quantity turned in. Enter partial receipts in pencil. Otherwise, leave blank.
- l. Column l:
- (1) This column may contain more than one entry. All entries are made in pencil. When the space in this column is insufficient, use column "n" (Remarks).
  - (2) Enter the total quantity when supply status card is received for total due-in quantity, and erase any previous entry.
  - (3) Enter the quantity when supply status card is received for part of due-in quantity, and erase any previous entry, enter new status code, and ESD if provided and quantity from status card.
  - (4) Enter shipment status when card or listing is received for total due-in quantity, erase previous entry, and enter document identifier code (DIC) and at the date shipped for ESD from the card.
  - (5) Enter shipment status when card or listing is received for part of due-in quantity, erase previous entry, as appropriate. Enter DIC, the date shipped, or ESD, and quantity from status card.
  - (6) Enter final action when completed. Erase previous entry.
- m. Column m.
- (1) Enter Julian date when final action is completed. If a partial quantity is received, enter Julian date of receipt in pencil.
  - (2) When cancellation or rejection status is received for total quantity requested, enter the status code and the Julian date of the cancellation or rejection verification (see paragraph 2-25).
  - (3) Enter CXL and Julian date when request document is cancelled prior to forwarding to the SSA, and when documents other than request for issue are cancelled.
  - (4) Enter Julian date for adjustment documents that are posted to the property records. Enter the Julian date when the survey officer for damaged property initials the release document.
- n. Column n.
- (1) When cancellation/rejection status is received for part of the quantity requested, enter partial quantity received in column "j". A permanent entry is required when action is completed. Enter status code, quantity cancelled, and the Julian date of the cancellation/rejection verification.

**Performance Steps**

- (2) When AF1 or AT\_ follow-up is submitted, DA Pam 710-2-1, paragraph 2-22, erase proper entry in column 1. Enter AS1 or appropriate AT\_DIC and Julian date (pencil entry).
- (3) When AFC follow-up is submitted, DA Pam 710-2-1, paragraph 2-24, enter AFC and Julian date (pencil entry).
- (4) When request for transportation status is submitted, DA Pam 710-2-1, paragraph 2-23, erase entry in column 1. Enter TM1 and Julian date (pencil entry).
- (5) When request modifier is submitted, DA Pam 170-2-1, paragraph 2-26, update entries for which modification is requested. Enter AM1 and Julian date (pencil entry).
- (6) When request for cancellation for total due-in quantity is submitted, DA Pam 710-2-1, paragraph 2-25, enter AC1 and Julian date (pencil entry).
- (7) When request for cancellation for part of due-in quantity is submitted, DA Pam 710-2-1, paragraph 2-25, enter AC1 quantity to be cancelled, and Julian date (pencil entries).
- (8) When follow-up on cancellation request is submitted, DA Pam 710-2-1, paragraph 2-25, erase AC1 and Julian date in column "n". Enter AK1 and Julian date (pencil entries).
- (9) Erase pencil entries in this column on receipt of reply to document submitted.
- (10) Make all entries in ink or by typewriter unless otherwise stated.
- (11) Draw a single line through the incorrect entry and enter the correction above.

3. Close out a document register.

- a. Close out manual document registers.
  - (1) Close out current active calendar/fiscal year document register.
  - (2) File IAW DA Pam 710-2-1 and AR 25-400-2.
- b. Close out inactive document register.
  - (1) Move open requests to new active document register in document number sequence.
  - (2) File IAW DA Pam 710-2-1, AR 25-400-2.
- c. Enter the statement "CLOSE OUT", the current date, signature of the individual performing the posting on the next available line following the last document entry in the register.

4. File the Document Register.

- a. Place the document register pages in a binder by page number sequence.
- b. Place a label on the outside of the binder with the FN: 710-2b, and include disposition instructions.
- c. This register becomes inactive and is kept in the current files for one year. During this period, any open transactions, which are completed, are closed out (posted) on the old inactive register. At the end of the on-year period, all open numbers in sequence are transferred to the new document register. The old inactive register is held for one additional year and is then destroyed.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Correctly fill in document register header information.	_____	_____
2. Correctly record transaction entries on the DA Form 2064.	_____	_____
3. Correctly close out the document register.	_____	_____

**Performance Measures**

GO      NO  
GO

4. File a copy of the DA Form 2064 by calendar or fiscal year.      \_\_\_\_\_

**Evaluation Guidance:** Score the soldier a GO if all steps are done correctly. Score the soldier a NO GO if any step is failed. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 25-400-2  
DA PAM 710-2-1  
DA PAM 710-2-2

Subject Area 7: Pharmaceutical Quality Assurance

**PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON PHARMACY EQUIPMENT**

**081-824-0055**

**Conditions:** You are assigned to a hospital pharmacy and charged with the upkeep of the equipment therein. In a typical pharmacy setting, perform PMCS on various types of pharmacy equipment IAW manufacturer's recommendations.

**Standards:** Maintained the upkeep of pharmacy equipment IAW the procedures and recommendations published by the manufacturer.

**Performance Steps**

1. Check the operational condition of pharmacy equipment on a daily basis.

*NOTE:* Pharmacy equipment includes, but is not limited to, automated dispensing equipment, balances, laminar flow hoods, etc.

2. Perform preventive maintenance checks and services (PMCS) IAW the manufacturer's recommendations and local SOP.

3. Maintain a PMCS log.

4. Notify NCOIC of operational status of pharmacy equipment, to include any equipment requiring repair or maintenance beyond the operator level.

*NOTE:* Performing unauthorized maintenance and repairs can void the manufacturer's warranty and may cause damage to the equipment.

*NOTE:* Pharmacy equipment repair may be conducted by biomedical maintenance personnel or a civilian maintenance contract.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked the operational condition of pharmacy equipment daily.	—	—
2. Performed and recorded operator level PMCS at recommended intervals IAW manufacturer's recommendations and local SOP.	—	—
3. Notified appropriate personnel of inoperative equipment beyond the operator level.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References** None

## CONDUCT MEDICATION USE AREA INSPECTIONS (WARD/CLINIC)

081-824-0033

**Conditions:** You are assigned to the pharmacy and must conduct pharmacy inspections of ward and clinic medication use areas. You will need a formulary or drug list, the activity's authorized stock list, and the inspection checklist.

**Standards:** The inspections were conducted according to a locally designed checklist, all discrepancies were noted, and a copy of the report was provided to each activity inspected.

### Performance Steps

1. Perform an inspection of all medication use areas at least monthly.
2. Check for correct labeling of medications on the wards and clinics to include:
  - a. Generic name of drug.  
*NOTE:* Trade or brand names may be used provided the trade or brand name product is actually in the container.
  - b. Strength of drug (usually not required for combination drugs).
  - c. Amount of drug in the container.
  - d. Manufacturer's name.
  - e. Manufacturer's or locally assigned lot number and expiration date.  
*NOTE:* Lot number is often referred to as batch number or control number by many drug manufacturers.
  - f. Initials of the filler.
  - g. Appropriate auxiliary labels.
3. Check medications are segregated based on route of administration.
4. Check medications are stored IAW manufacturer's labeled guidance.
5. Check refrigerator/freezer temperature range is monitored daily and recorded on a temperature log.
6. Check controlled items are stored correctly.
  - a. Note Q items are stored in a locked container in an area of limited access.
  - b. Note R items are stored in a double locked container in an area of limited access.
7. Inspect the controlled substances register for the following:  
*NOTE:* Electronic equivalent forms are acceptable.
  - a. The register is in a loose-leaf binder.
  - b. The register is divided into two major sections - Note R (Schedule II) and Note Q (Schedule III-V). Locally controlled medications will be placed with Note Q medications.
  - c. DA Form 3949-1 (Controlled Substances Inventory) is completed and filed in front of each major section.
  - d. All controlled substances are listed alphabetically by generic name on DA Form 3949-1 (Controlled Substances Inventory).
  - e. A separate DA Form 3949 (Controlled Substances Record) is present for each controlled substance maintained by that activity.
  - f. Each DA Form 3949 is filed behind indexed divider sheets clearly identifying the record.
  - g. DA Forms 3949 are arranged in the same order as they appear on DA Form 3949-1.

**Performance Steps**

- h. Change of shift inventories are completed on DA Form 3949-1.
- i. DA Form 3949s show that a monthly inventory and audit has been conducted.

8. Check medication cabinets are locked at all times and the keys are secured.
  9. Check no more than a two week supply of medication is kept on hand.
  10. Check stock is properly rotated.
  11. Check no medications are expired, deteriorated, or in a recall status. "Samples" of medications provided by a pharmaceutical company or vendor are prohibited and will be confiscated immediately.
  12. Check reconstituted multi-dose medications are properly labeled with the date reconstituted, expiration date, final concentration, and initials of person making the dilution. Ensure that the multi-dose vials are being stored per manufacturer's recommendations.
- NOTE:* Reconstituted single dose medications should be discarded after use.

*NOTE:* Multi-dose vials are good until the manufacturer's expiration date if stored according to package insert.

13. Inspect the emergency medication containers (such as crash carts, poison or anaphylactic trays) for the following:
  - a. Completeness of required contents.

*NOTE:* Locked crash carts will not be opened to check the tray for completeness.

  - b. Expiration date of medication. The tray or cart expiration date will be based on the first item to expire within the cart.
  - c. Proper seal or tamper-alert devices on the exterior of the containers are intact.

*NOTE:* If a seal or tamper-alert log is maintained by the pharmacy, check to see that the lock number matches what was logged out to the activity.

  - d. Emergency cart daily checklist is being maintained for crash carts IAW hospital or unit SOP.
14. Check for posted metric-apothecary conversion chart.
15. Check for posted Poison Control or Information Center telephone number.
16. Check for current copy or access to the unit formulary.
17. Ask members of the staff if they know how to report medication errors or adverse drug reactions IAW hospital policy.
18. Notify the head nurse or ward master of safety or security violations that need to be corrected immediately.
19. Collect all expired, compromised, overstocked, or unauthorized medications and return them to the pharmacy for disposition.
20. Discuss the results of the inspection with the head nurse/OIC or wardmaster/NCOIC and give him/her a copy of the inspection report.
21. File a copy of the inspection report IAW local pharmacy SOP.
22. Notify supervisor immediately of safety or security violations discovered during the inspection.

**Performance Steps**

*NOTE:* This inspection is not meant to be a "checklist", rather that the inspection is an interactive dialogue with other medical personnel that deal with medications outside of the pharmacy. Ideally, you should complete this inspection with a member of the ward/clinic staff to ensure they understand the medication use process and why the checklist is in place.

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO GO</u></b>
1. Performed an inspection of medication use areas monthly.	_____	_____
2. Checked labeling of medications in medication use areas.	_____	_____
3. Checked medications were segregated based on route of administration.	_____	_____
4. Checked medications were stored IAW manufacturer's guidance.	_____	_____
5. Checked refrigerator/freezer temperature log.	_____	_____
6. Checked controlled items were stored correctly.	_____	_____
7. Inspected the controlled substances register.	_____	_____
8. Checked medication cabinets are locked and keys are secured.	_____	_____
9. Checked supply levels did not exceed two weeks.	_____	_____
10. Checked stock was rotated.	_____	_____
11. Checked for expired, deteriorated, or recalled medications. Confiscated samples.	_____	_____
12. Checked reconstituted multi-dose medications are properly labeled and stored.	_____	_____
13. Inspected the emergency medication carts.	_____	_____
14. Checked for posted metric-apothecary conversion chart.	_____	_____
15. Checked for posted Poison Control or Information Center telephone number.	_____	_____
16. Checked for access or copy of unit formulary.	_____	_____
17. Asked staff if they knew how to report medication errors or adverse drug reactions.	_____	_____
18. Notified the head nurse or wardmaster immediately of safety or security violations.	_____	_____
19. Collected all expired, compromised, overstocked, or unauthorized medications.	_____	_____
20. Discussed the results of the inspection with the head nurse/OIC or wardmaster/NCOIC and gave him/her a copy of the inspection report.	_____	_____
21. Filed a copy of the inspection report in the pharmacy.	_____	_____

**Performance Measures**

<u><b>GO</b></u>	<u><b>NO</b></u>
	<u><b>GO</b></u>

- |                                                                                                        |   |   |
|--------------------------------------------------------------------------------------------------------|---|---|
| 22. Notified supervisor immediately of safety or security violations discovered during the inspection. | — | — |
|--------------------------------------------------------------------------------------------------------|---|---|

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**

JCAHO MANUAL

**Related**

AR 190-51

AR 40-3

**PREPARE ADVERSE DRUG EVENT REPORTS**  
**081-824-0049**

**Conditions:** You are working in the pharmacy and become aware of a potential or actual adverse drug event. You will need a formulary or drug list, patient medication profile medication reference materials, and the medication stock bottle(s).

**Standards:** The adverse drug event was reported with 100% accuracy.

**Performance Steps**

1. Determine whether a medication error or adverse drug reaction has occurred.

*NOTE:* Adverse drug events include both medication errors and adverse drug reactions.

*NOTE:* A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the healthcare professional, patient, or consumer.

*NOTE:* An adverse drug reaction (ADR) is a detrimental response to a medication that is undesired, unintended, or unexpected. Reportable ADRs will be defined by your unit, but usually include those that prolong hospitalization, cause a change in drug therapy, including corrective measures such as antidotes, cause the discontinuation of drug therapy, cause disability or death.

2. Determine the category of medication error.

- a. Category A - circumstances or events have the capacity to cause a medication error.

*NOTE:* Category A errors are those that are typically made by the medical staff during prescribing and/or the pharmacy staff during dispensing. The systems' checks and balances in place as well as clinical knowledge catch these errors before dispensing or administration. Category A errors may be reported within the pharmacy improvement process structure or raised to the risk management/hospital process improvement committee.

- b. Category B - medication error detected after the medication is dispensed but not taken by or administered to the patient.

*NOTE:* Category B errors will be recorded and evaluated using the pharmacy improvement process structure.

- c. Category C - medication error occurred that reached the patient but did not cause patient harm.

- d. Category D - medication error occurred resulting in the need for increased patient monitoring but no patient harm.

- e. Category E - medication error occurred resulting in the need for treatment or intervention and caused temporary patient harm.

- f. Category F - medication error occurred resulting in initial or prolonged hospitalization and caused temporary patient harm.

- g. Category G - medication error occurred resulting in permanent patient harm.

- h. Category H - medication error occurred resulting in a near-death event (i.e., anaphylaxis, cardiac arrest).

- i. Category I - medication error occurred resulting in patient death.

3. Report category A and B errors IAW local SOP for discussion during pharmacy process improvement committee meetings.

**Performance Steps**

4. Report category C through I errors on DA Form 4106 (Quality Assurance/Risk Management Document) or local equivalent.

*NOTE:* The instructions for completing the DA Form 4106 are found in AR 40-68. The attending physician must be notified immediately.

5. Report adverse drug reactions on the FDA MedWatch form or local approved equivalent.
6. Forward medication error reports and adverse drug reaction reports to your supervisor for review and submission to appropriate personnel.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Correctly determined type of adverse drug event.	_____	_____
2. Correctly determined the category of medication error.	_____	_____
3. Correctly completed reporting forms for medication errors or adverse drug reactions.	_____	_____
4. Forwarded reports to supervisor for review.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
AR 40-68

Skill Level 2

Subject Area 8: Pharmaceutical Quality Assurance (Advanced)

**EVALUATE A COMPLETED PRESCRIPTION**

**081-824-0027**

**Conditions:** You are working in the outpatient pharmacy. You have received a completed new or refill prescription and the original prescription form(s). DD Form 1289 or civilian prescription form or refill request or electronic equivalent is acceptable. You will need a formulary or drug list, medication reference materials, and the medication stock bottle(s).

**Standards:** The prescription was evaluated and checked with 100% accuracy.

**Performance Steps**

1. Check the prescription label against the original prescription form.
2. Check for auxiliary label(s).
3. Check the medication inside the container against the original prescription form or the prescription label to ensure the medication in the container is the drug and strength that was prescribed.

*NOTE:* If you cannot visually identify the drug, check the original medication container or other medication identification references prior to dispensing.

*NOTE:* Double count controlled substances and annotate the quantity on the prescription.

4. Ensure medication is packaged in the proper container and the end product has "pharmaceutical elegance".
5. Inform the filler or typist of any discrepancies with the completed prescription for correction if necessary.
6. Check for appropriate dosage range.
7. Check for drug interactions.
8. Check for drug incompatibilities.
9. Check for contraindications.

*NOTE:* If the Composite Health Care System (CHCS) is used the drug interactions, drug incompatibilities, and contraindications will be checked against the patient medication profile by CHCS.

10. Contact the prescriber if any discrepancies are found.
11. Make any necessary corrections, annotate any changes and initial the completed prescription form and label.
12. Verify fills or refills for controlled substances are posted to the DA Form 3862 or electronic equivalent.
13. Verify controlled substance prescriptions are entered on to a locally designed controlled substances prescription log.

**Performance Steps**

14. Forward the prescription for dispensing.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked the prescription label against the original prescription form.	—	—
2. Checked for correct auxiliary labels.	—	—
3. Checked the medication inside the container against the original prescription form or label.	—	—
4. Double counted controlled substances.	—	—
5. Informed the filler or typist of any discrepancies with the completed prescription for correction.	—	—
6. Resolved any discrepancies.	—	—
7. Made any necessary corrections, annotated any changes and initialed the completed prescription form and label.	—	—
8. Verified fills or refills for controlled substances were posted to the DA Form 3862 or electronic equivalent.	—	—
9. Verified controlled substance prescriptions were entered on to the locally designed controlled substance prescription log.	—	—
10. Forwarded the prescription for dispensing.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**EVALUATE A COMPLETED UNIT DOSE ORDER**  
**081-824-0029**

**Conditions:** You are working in a pharmacy unit dose section and have received a completed unit dose order to be evaluated. You will need DA Form 4256 (Doctor's Orders), or patient's profile or unit dose pick list, formulary or drug list, and medication reference materials and authorized floor stock lists.

**Standards:** The unit dose order was evaluated with 100% accuracy.

**Performance Steps**

1. Check the completed unit dose order and label against doctor's orders, patient's profile or the unit dose pick list to ensure the medication packaged is the correct medication and strength ordered by the prescriber.
2. Check the medication is not expired.
3. Check for the patient diagnosis and possible allergies.
4. Check medication reference materials for the dosage regimen and indications.
5. Check for drug interactions.
6. Check for incompatibilities.
7. Check for contraindications.
8. Inform the ward or prescriber of discrepancies.
9. Inform the filler of any errors.
10. Make any necessary corrections, annotate any changes, and initial the completed unit dose order or on the patient's profile.

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Checked the completed unit dose order and label against doctor's orders, patient's profile or the unit dose pick list.	_____	_____
2. Checked the medication was not expired.	_____	_____
3. Checked for the patient diagnosis and possible allergies.	_____	_____
4. Checked medication reference materials for the dosage regimen and indications.	_____	_____
5. Checked for drug interactions.	_____	_____
6. Checked for incompatibilities.	_____	_____
7. Checked for contraindications.	_____	_____
8. Informed the ward or prescriber of discrepancies.	_____	_____
9. Informed the filler of any errors.	_____	_____

**Performance Measures**

<u><b>GO</b></u>	<u><b>NO</b></u>
	<u><b>GO</b></u>

- |                                                                                                                                    |    |    |
|------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 10. Made any necessary corrections, annotated any changes and initialed the completed unit dose order or on the patient's profile. | —— | —— |
|------------------------------------------------------------------------------------------------------------------------------------|----|----|

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References****Required**

None

**Related**AR 40-3  
FM 8-260

**EVALUATE A COMPLETED STERILE PRODUCTS ORDER**  
**081-824-0031**

**Conditions:** You are working in the inpatient pharmacy. You have received a completed sterile product order for evaluation prior to dispensing. You will need at least one of the following: DA Form 4256 (Doctor's Orders), patient's profile, IV batch report, or sterile products order forms.

**Standards:** The sterile product order was evaluated and checked with 100% accuracy.

**Performance Steps**

1. Verify that the sterile product order is correctly transcribed to the sterile product order form (new orders) or patient profile.
2. Check the label against the original order.
3. Review any calculations used in the preparation of the product.
4. Check the correct diluent, medication or additive, and base solution as well as, correct volumes, were used to prepare the sterile product.
5. Inspect each component (especially multidose vials) for contamination.
6. Visually check the completed product for particulate matter.
7. Ensure the label is placed appropriately on the product with tampere seal in place (if applicable).
8. Ensure that specific storage requirements are implemented.
9. Check that the correct QA information is annotated on the sterile products order form or label.
10. Ensure the label contains the preparer's initials and volume of drug added.
11. Check hood cleaning log has been completed for the shift.
12. Check reconstituted multidose vials for date, time, concentration, and initials.
13. Dispose of single dose containers.
14. Notify the preparer to correct any discrepancies found.
15. Initial the sterile product form, batch list, or patient profile along with the product label.
16. Forward the finished product for issue or dispensing to the medication use area.

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
1. Verified the sterile product order was correctly transcribed.	—	—
2. Checked the label against the original order.	—	—
3. Reviewed any calculations used in the preparation of the product.	—	—

<b>Performance Measures</b>	<b><u>GO</u></b>	<b><u>NO GO</u></b>
4. Checked the correct diluent, medication or additive, and base solution as well as, correct volumes, were used to prepare the sterile product.	—	—
5. Visually checked the completed product for particulate matter.	—	—
6. Ensured the label is placed appropriately and tampereall seal is in place, if required by local SOP.	—	—
7. Ensured the correct QA information is present on the label and the sterile product order form.	—	—
8. Checked hood cleaning log (once per shift).	—	—
9. Checked reconstituted multidose vials for date, time, and initials.	—	—
10. Notified the preparer to correct any discrepancies found.	—	—
11. Initialed the sterile product form, batch list, or patient profile along with the product label.	—	—
12. Forwarded the finished product for issue/dispensing.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References** None

**EVALUATE A COMPLETED ORDER FOR CONTROLLED SUBSTANCES  
081-824-0052**

**Conditions:** You are working in the pharmacy controlled substance area. You have received a screened and filled order for controlled substances (modified DD Form 1289 or electronic request). You will need a formulary or drug list, medication reference materials, and the medication stock bottle(s).

**Standards:** The order was evaluated and checked with 100% accuracy.

**Performance Steps**

1. Check that a prescription number is assigned.
2. Check that the correct medication is selected.
3. Check that the correct quantity or volume is filled.

*NOTE:* To the greatest extent possible, manufacturer's seals SHOULD NOT be broken. Issues to medication use areas should be rounded to the manufacturer's sealed quantity (bottles of 100's, cards of 10's).

4. Check that quantities less than the unit of issue are correctly repackaged or prepackaged IAW tasks 081-824-0072 and 081-824-0061.
5. Check that the labeling of prepackaged medication (unit dose, clinic or ER issues) is correct.
6. Affix required auxiliary label(s) on prepacked prescription container that will be dispensed to patients (clinic issues).
7. Notify the filler to correct any discrepancies found.
8. Initial the prescription (as the final check) to verify the medication and quantity.
9. Set the order aside for delivery or pick up.

*NOTE:* Security must be maintained IAW Army Regulation.

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO GO</b></u>
1. Checked for assigned prescription number.	_____	_____
2. Checked for correct medication.	_____	_____
3. Checked for correct quantity or volume.	_____	_____
4. Checked prepacks for required QA information and correct labeling.	_____	_____
5. Notified the filler to correct any discrepancies found.	_____	_____
6. Initialed the prescription (as the final check) to verify the medication and quantity.	_____	_____
7. Ensured order was available for delivery or pick up.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References****Required**

None

**Related**

AR 40-3

## EVALUATE A COMPLETED BULK DRUG ORDER

**081-824-0054**

**Conditions:** You are working in a pharmacy section responsible for screening, filling, and checking bulk drug orders. You have received a screened (DA Form 3875 or electronic equivalent) and filled (with medications) bulk drug order that is ready to be checked. You will need formulary or drug list, authorized stockage lists from medication use areas, signature card (DD Form 577) file and medications.

**Standards:** The bulk drug order was evaluated with 100% accuracy.

### Performance Steps

1. Check the bulk drug order (BDO) for completeness.

*NOTE:* The completed BDO must have the date, name of requesting activity, complete description of each item (name, strength, and dosage form), unit of issue, a requested quantity, and authorized signature.

2. Confirm the validity of the medication ordered.

*NOTE:* Valid medication orders do not exceed a two-week supply and are authorized by the requesting activity based on the scope of practice.

3. Check labels generated for compounded or prepackaged medications.

4. Check the auxiliary label(s), if required.

5. Check the medication filled against the bulk drug order to ensure the medication in the container is the drug, strength, dosage form, and quantity that was ordered.

*NOTE:* If you cannot visually identify the drug, check the original container or other identification reference prior to dispensing.

6. Ensure the medication is packaged in the proper container and the end product displays "pharmaceutical elegance".

7. Inform the screener and filler of any discrepancies with the completed bulk drug order, if necessary.

*NOTE:* Ensure that the "pharmacy action" column is properly annotated for unauthorized drugs, controlled substances, nonstocked items, and items temporarily out of stock. The number to be issued in the "pharmacy action" column must match what was actually filled.

8. Check the calculated work units.

9. Initial in the block titled "For Pharmacy Use Only".

10. Ensure the order is ready for delivery or pickup.

### Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Checked the BDO for completeness.	—	—
2. Confirmed the validity of the medication ordered.	—	—
3. Checked labels generated for compounded or prepackaged medications.	—	—

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
4. Checked the auxiliary label(s), if required.	_____	_____
5. Checked the medication filled against the bulk drug order to ensure the medication in the container is the drug, strength, dosage form, and quantity that was ordered.	_____	_____
6. Ensured the medication was packaged in the proper container and displayed "pharmaceutical elegance".	_____	_____
7. Informed the screener and filler of any discrepancies with the completed bulk drug order, if necessary.	_____	_____
8. Checked the calculated work units.	_____	_____
9. Initialed in the block titled "For Pharmacy Use Only".	_____	_____
10. Ensured the order is ready for delivery or pickup.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

## **EVALUATE COMPLETED COMPOUNDED AND PREPACKAGED MEDICATIONS**

### **081-824-0061**

**Conditions:** You are working in the pharmacy supply/support section or in the manufacturing/compounding area. You have received a completed prepackaged medication order or a completed compounded medication. You will need the prepack log book, master formula, batch sheet, formulary or drug list, authorized stockage list from medication use areas, and drug references.

**Standards:** The compounded or prepackaged medication was evaluated and checked with 100% accuracy.

#### **Performance Steps**

1. Check the batch sheet, manufacturing log or prepack log for the following correct and accurate QA information:
  - a. The batch sheet must contain the manufacturer, lot number and expiration date, quantity (weight or volume) of ingredients, and the initials of the preparer.
  - b. Calculations of ingredients must have been annotated and checked prior to compounding.
  - c. The manufacturing log must contain the name and strength of drug(s), expiration date, theoretical and actual yield, date, and local control number.
  - d. The prepack log must contain the date of prepacking, generic name and trade name of the medication; medication strength; manufacturer's name, lot number and expiration date; quantity in each packaged container; total number of containers packaged; local batch or control number; expiration date after prepackaging, and the initials of the prepacker.

*NOTE:* When controlled substances are used in compounding a product, a modified DD Form 1289 is written by pharmacy personnel and signed by a pharmacy officer or a registered pharmacist to account for controlled substances used during the manufacturing process.

2. Verify that correct ingredients or medication and amounts (weight or volume) were gathered.

*NOTE:* The ingredients for compounded medications must be double-checked prior to compounding.

3. Verify that correct equipment was calibrated, used, cleaned, and stored after use.

4. Check the final product for accuracy.

5. Check the final product label for appropriateness and accuracy.

- a. Labels for compounded medications must contain the generic name and strength of all ingredients, local lot number, expiration date, and quantity (by weight or volume).
- b. Labels for pharmacy prepacks must contain the generic name, strength, and quantity of the medication, local batch or control number, and the expiration date.

*NOTE:* The trade name may be used, if that brand name is actually in the container.

- c. Labels for dispensing prepacks (when pharmacy is closed) must contain a blank space for patient name, physician name, and date of dispensing; directions (sig); the generic and/or trade name, strength, and quantity of the medication; the local batch or control number; and appropriate auxiliary labels.

**Performance Steps**

6. Ensure the finished product is packaged in the proper container and the end product (with label) has "pharmaceutically elegance".
7. Notify responsible individual to correct discrepancies.
8. Sign the batch sheet, manufacturing log, or prepack log as the final check (releaser).
9. Store compounded or prepacked medications for dispensing or issue at a later date.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Checked the batch sheet, manufacturing log or prepack log for correct and accurate quality assurance information	—	—
2. Verified correct ingredients or medication were used.	—	—
3. Verified controlled substances are handled and signed for appropriately if used in the prepacking or compounding process.	—	—
4. Verified correct equipment was calibrated, used, cleaned, and stored after use.	—	—
5. Checked the final product for accuracy.	—	—
6. Checked the final product label for appropriateness and accuracy.	—	—
7. Ensured the finished product was "pharmaceutically elegant".	—	—
8. Notified responsible individual for correction of discrepancies.	—	—
9. Signed the batch sheet, manufacturing log, or prepack log.	—	—
10. Ensured compounded or prepacked medications were stored for future use.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References** None

Skill Level 3

Subject Area 9: Administration

**MAINTAIN HOSPITAL FORMULARY**

**081-824-0044**

**Conditions:** You have been directed to revise the hospital formulary by the Chief of Pharmacy. You will need the unit's Pharmacy and Therapeutics (P&T) Committee meeting minutes, your unit's current formulary, and access to the CHCS formulary or electronic equivalent.

**Standards:** All additions, deletions, and changes are added to or deleted from the formulary with 100% accuracy.

**Performance Steps**

1. Review the hospital Pharmacy and Therapeutics (P&T) minutes for additions, deletions, or changes in medications to be stocked by the pharmacy.
2. Ensure the pharmacy supply section has purchased and received the medications to be added to the formulary.
3. Add the medications to the formulary using the information on the medication container and IAW with local policy.

*NOTE:* If you are adding medications to the CHCS, follow the locally established procedures. First, you will add the medication to the CHCS database; if you have the NDC number available, the medication fields will populate themselves based on the number. Whenever possible, enter the maximum quantity, days supply, a default signa, and default quantity. After you have added the medication to the database, you must activate it in the CHCS formulary so that the prescribers can select the medication when entering prescriptions or medication orders. It is critical to have received training on CHCS formulary maintenance prior to completing this portion of the task. Data entry should utilize a consistent format within the formulary.

4. Print a test label for the added medication to ensure the label information is printing correctly.
5. Ensure the new medication is placed on the pharmacy shelf in the appropriate quantity and location.
6. Medications deleted from the formulary will be marked inactive in the formulary and the medication turned in to pharmacy supply for disposition.

*NOTE:* Ensure there is a mechanism in place to notify all patients receiving medications that have been deleted or changed on the formulary. Ensure that you have adequate supplies to fill prescriptions until the patient's prescriber changes the medication. Most often the deleted medication is stocked, but placed in the "nonformulary" section until all patients have been notified and prescriptions have been changed.

7. Changes from the P&T minutes will be entered into the formulary IAW local SOP.

*NOTE:* Changes could be a non-formulary drug becoming formulary, change in strength of medication, change in amount dispensed per prescription etc.

8. Inform pharmacy staff of any significant changes made to the formulary.

**Performance Steps**

9. Update any formulary listed on the hospital pharmacy website and any printed formulary distributed to hospital staff, civilian providers or patients.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the P & T minutes for additions, deletions or changes.	_____	_____
2. Ensured additions were purchased and received.	_____	_____
3. Entered additions to the manual or electronic formulary.	_____	_____
4. Printed a test label ensuring correct information.	_____	_____
5. Stocked the additions in the pharmacy.	_____	_____
6. Entered deletions to the manual or electronic formulary.	_____	_____
7. Ensured that deleted medications are maintained in stock until all prescriptions were completed or changed.	_____	_____
8. Informed pharmacy staff of formulary changes.	_____	_____
9. Updated the formulary available to personnel outside of the pharmacy.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3

**MAINTAIN PHARMACY ADMINISTRATIVE FILES**  
**081-824-0050**

**Conditions:** You are assigned to the pharmacy and maintain pharmacy administrative files. You will need the file folder, file boxes, and pharmacy administrative files. Electronic files are acceptable.

**Standards:** Files were maintained IAW AR 25-400-2.

**Performance Steps**

1. Label a file folder for each subject area using a file number, file title, and brief description as described in AR 25-400-2. Files should include, but are not limited to:
  - a. Inspections/surveys.
  - b. Operating budget.
  - c. Access controls.
  - d. Personnel locator.
  - e. Civilian employee personnel records.
  - f. Duty rosters.
  - g. Security.
  - h. Temporary duty (TDY).
  - i. Military personnel records.
  - j. Contracts.
  - k. Internal control systems.
  - l. Orientation training.
  - m. Committee files.
  - n. Controlled drug registers.
  - o. Prescriptions.
  - p. Credentialing files/Competency data files.
  - q. Unusual occurrences (ADRs, med errors).
  - r. Manpower reports (UCAPERS).
  - s. OER/NCOER rating schemes.
  - t. Job descriptions.
2. Prepare a directory or list of files used by your pharmacy.  
*NOTE:* MEDCOM Form 250-R may be used to list files.
3. Maintain pharmacy files in the labeled files on a fiscal or calendar basis in accordance with local SOP.
4. After the completion of each calendar year retire the old files IAW AR 25-400-2 or local SOP.  
*NOTE:* Some files are designated as active and inactive prior to destruction.
5. Ensure that inactive files (retired but not destroyed) are available as needed.

**Performance Measures**

	<u><b>GO</b></u>	<u><b>NO</b></u> <u><b>GO</b></u>
1. Labeled folders for each subject area.	_____	_____
2. Prepared a directory or list of files.	_____	_____

**Performance Measures**

	<u>GO</u>	<u>NO</u> <u>GO</u>
3. Maintained pharmacy files by fiscal or calendar year.	_____	_____
4. Retired old files after completion of the 12-month period.	_____	_____
5. Ensured that inactive files are available for review.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 25-400-2  
AR 40-3

## PLAN FIELD PHARMACY LAYOUT

**081-824-0062**

**Conditions:** You are assigned to a field unit hospital pharmacy operating in an austere environment. You will need an ISO shelter and/or suitable tentage and authorized equipment to plan the layout of the pharmacy.

**Standards:** Planned the layout of the pharmacy in a manner that optimized security, safely stored medications, enhanced opportunity for good aseptic technique, and was consistent with logistical considerations and good pharmaceutical practice.

### Performance Steps

1. Plan/diagram layout of pharmacy with regards to size and location of ISO shelter, suitable tentage and authorized equipment, terrain, and drainage.

*NOTE:* Review the plan with other pharmacy personnel in your unit to ensure that everyone understands the plan. Practice the plan before deploying, if possible. Coordinate location of ISO and tentage with the hospital commander.

2. Place the sterile products section in a low traffic area, away from direct airflow, and near a sink if possible.

*NOTE:* Isolate sterile products section using available shelving and cabinets.

3. Lock field safe or suitable container and secure it to the ISO shelter or frame of tentage.

*NOTE:* To the greatest extent possible, security requirements for storage of controlled substances must be met. Place controlled substances (in a field safe if available) away from patient view.

4. Place refrigerator and other equipment in suitable locations without blocking air inlet/outlet.
5. Arrange remaining shelving and cabinets at the pharmacy entrance in such a way that outpatients and hospital staff can be greeted without unauthorized entry.
6. Store medication in a manner consistent with logistical considerations and good pharmaceutical practice.

### Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Planned/Diagrammed the layout of the pharmacy.	—	—
2. Placed the sterile products section in a low traffic area.	—	—
3. Locked field safe or suitable container and secured it to the ISO or tent.	—	—
4. Placed refrigerator and other equipment in suitable locations.	—	—
5. Arranged remaining shelving and cabinets at the pharmacy entrance to preclude unauthorized entry.	—	—
6. Stored medication to promote good pharmaceutical practice.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References****Required**

None

**Related**AR 40-3  
FM 8-260  
TC 8-13

## PREPARE PHARMACY WORK UNIT REPORTS

081-824-0064

**Conditions:** You are assigned to the pharmacy and must prepare the monthly work unit reports on all pharmacy operations for your unit. You will need a CHCS computer, work unit reports or equivalent and all manually maintained work unit documents.

**Standards:** The work units were collected from all pharmacy work centers and tabulated with 100% accuracy.

### Performance Steps

*NOTE:* The documentation of workload is very critical to determining the manpower requirements within the pharmacy. While the manpower requirements in the TOE setting are based on historical workload and predicted patient care scenarios, it is no less important to document all of the work that is done. The TDA manpower requirements are reviewed every 2-3 years using the current ASAM model, the majority of which is based on traditional dispensing functions within the pharmacy.

1. If using CHCS, print the CHCS Medical Expense and Performance Report (MEPR) for the desired completed month for all pharmacy work centers.
2. Collect all manually maintained work unit documents, such as from Bulk Drug Orders, crash cart restocking, after hours medication carts, control medication issues, etc. from all pharmacy work centers.
3. Collect any other automated or computerized sources of workload not maintained by CHCS from all pharmacy work centers.
4. Total the raw work units for each pharmacy work center sorted by each type of pharmacy work procedures:
  - a. Prescription (total prescriptions)
  - b. Clinic issue (total packages or vials issued to the clinic)
  - c. Bulk issue (total lines issued, NOT individual packages or vials)
  - d. Unit dose (total doses dispensed)
  - e. Sterile product (total sterile products dispensed)
5. Total the weighted work units for each pharmacy work center sorted by each type of pharmacy work procedures multiplying by the weighted factor.

a. Prescription	1.0
b. Clinic issue	0.6
c. Bulk issue	2.0
d. Unit dose	0.15
e. Sterile product	2.0
6. Combine all raw work units from each pharmacy work center for a raw grand total for your unit.
7. Combine all weighted work units from each pharmacy work center for a weighted grand total for your unit.
8. If using CHCS Workload Assessment Module (WAM) reconcile and edit the calculated raw and weighted totals with WAM so the totals equal.

**Performance Steps**

9. Report total workload count per local SOP.

*NOTE:* Although clinical interventions are not part of the recognized workload within HSC Pamphlet 40-5, it is good practice to tabulate the number on interventions and the total time required to research interventions, and include them as "add-ons" to the report. Commercial programs such as CliniTrend may be useful in tabulating interventions.

10. File report for future reference.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Printed the CHCS MEPR Report for the month.	_____	_____
2. Collected all manually maintained work unit documents.	_____	_____
3. Collected any other automated or computerized sources of workload.	_____	_____
4. Correctly totaled the raw work units based on type of procedure.	_____	_____
5. Correctly multiplied weighted factors by raw units based on type of procedure.	_____	_____
6. Calculated a raw grand total for your unit.	_____	_____
7. Calculated a weighted grand total for your unit.	_____	_____
8. Reconciled and edited the calculated totals with the CHCS Workload Assessment Module (WAM).	_____	_____
9. Reported total workload count.	_____	_____
10. Filed report.	_____	_____

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-3  
FM 8-260

**MAINTAIN INVESTIGATIONAL DRUG ACCOUNTABILITY**  
**081-824-0083**

**Conditions:** You are working in a pharmacy that is responsible for maintaining investigational drug accountability. You will need an approved protocol, medication accountability forms, investigational medication, and medication reference materials.

**Standards:** Investigational drugs were maintained IAW protocol and accounted for with 100% accuracy.

**Performance Steps**

**NOTE:** THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT.

**NOTE:** Investigational drugs are those that are not yet approved by the Food and Drug Administration (FDA) or agents that are approved, but not for a particular indication that is being studied.

1. Read the investigational drug protocol carefully. Ensure you understand the appendices that relate to drug receipt, storage, preparation, and accountability.

**NOTE:** The ordering, receiving, storage, distribution, issuing or dispensing, and accountability of investigational drugs are similar to controlled substances. The storage of investigational drugs is usually the same as Note Q (single lock). The accountability is by unit of issue (i.e., tab, cap, ml,) with the unused portion/empty packaging maintained for return to the sponsor of the protocol or investigational drug.

**NOTE:** If your unit commander expresses a desire to store and account for investigational agents outside of the pharmacy, you should discuss this directly with the first pharmacist in your chain of command, Institutional Review Board, or the Corps level pharmacy consultant.

2. Identify the primary investigator or co-investigator at your unit.
3. Identify the pharmacy specific screening criteria for subject enrollment (contraindicated medications, incompatible medications or base solutions).
4. Identify medication information sheet for distribution to the subject or family member.
5. Identify pharmacy storage requirements for investigational drugs.
6. Identify accountability requirements IAW the protocol.
7. Receive and store investigational drugs IAW local SOP and protocol.
8. Provide in-service training to unit staff (clinical and non-clinical) prior to initiation of the protocol.
9. Upon receipt of a valid order and evidence of subject enrollment, prepare investigation drug for administration or dispensing.
10. Maintain accountability of partial or empty packages IAW the protocol or local SOP.
11. Annotate debits and credits of investigational drugs on approved accountability forms.
12. Complete inventory requirements IAW unit SOP.

**Performance Steps**

*NOTE:* Investigation medications should be inventoried similarly to controlled substances with 100% inventories within 24 hours of dispensing or 100% weekly regardless of movement (debits or credits).

- 13. Return investigation medications (partials and/or empty vials) on a periodic basis IAW protocol or local SOP.
- 14. Maintain accountability of investigation medications throughout the protocol.

*NOTE:* The documents, which reflect accurate accountability, must be available for review or audit by protocol managers and investigators, protocol sponsors, and the Food and Drug Administration (there may be others). You will also maintain documents after protocol closure IAW protocol or local SOP.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Read the investigation drug protocol.	—	—
2. Identified the primary investigator or co-investigator.	—	—
3. Identified pharmacy specific screening criteria for subject enrollment.	—	—
4. Identified or developed an investigational drug information sheet.	—	—
5. Identified pharmacy storage requirements.	—	—
6. Identified accountability requirements.	—	—
7. Correctly received and stored investigational drugs.	—	—
8. Provided in-service training to unit staff prior to initiation of the protocol.	—	—
9. Maintained accountability of partial or empty packages.	—	—
10. Annotated debits and credits of investigational drugs on approved accountability forms.	—	—
11. Completed periodic inventory requirements.	—	—
12. Returned investigational medications as required.	—	—
13. Maintained accountability of investigation medications throughout the protocol.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**

**Required**  
None

**Related**  
AR 40-38  
AR 40-7

Skill Level 4

Subject Area 10: Pharmacy Administration (Advanced)

**MANAGE PHARMACY SECURITY PROGRAMS**

**081-824-0042**

**Conditions:** You are directed to manage the physical security program for the pharmacy service.

**Standards:** All steps were completed without error.

**Performance Steps**

1. Annually review and update local SOPs on physical security, controlled substances procedures, and key control.
2. Initiate background check all employees annually with local Provost Marshall office. New employees must have a background check submitted within 30 days of employment.
3. Ensure that access rosters to the pharmacy and controlled substances storage areas are updated.

*NOTE:* A copy of these rosters should be given to the unit security officer at your unit and the installation physical security office.

4. Ensure that the pharmacy is designated as a limited access area.

*NOTE:* Only pharmacy staff and personnel on official business (i.e., maintenance personnel, inspectors) should be given access to the pharmacy. All personnel other than pharmacy staff should be escorted throughout the pharmacy. At a minimum, pharmacy storage areas for controlled substances should be designated as limited access areas, but it is highly recommended that these areas be designated as controlled access areas. This area should be limited to specifically designated personnel.

5. Ensure that pharmacy and controlled substances storage areas have sufficient interior and exterior lighting for visual surveillance 24 hours a day.
6. Ensure that controlled substances will be stored separate from non-controlled pharmacy stock.
  - a. Note R controlled substances will be stored in an approved safe or vault under double lock and key.
  - b. Note Q controlled substances should be stored in an approved safe. Note Q items may be stored in a locked metal container or locked automatic counting machine, if stored in a facility conforming to the minimum requirements in AR 190-50.

*NOTE:* When operationally feasible, all storage containers should be positioned so that they are not visible to the public.

7. Ensure that intrusion detection systems (IDS) are provided for all MEDCEN and MEDDAC pharmacies.
  - a. The IDS will provide at least two types of sensors to meet minimum requirements. A standing operating procedure for the activation, deactivation, and daily testing of the IDS will be kept on hand. The standing operating procedure will also include instructions for maintaining an accurate IDS log IAW AR 190-50.

**Performance Steps**

- b. A duress switch or holdup button must be provided in a hidden location to permit pharmacy personnel to notify the supporting police agency in the event of a threatening situation. A quarterly test of this system will be conducted with the supporting police agency IAW AR 190-50.

## 8. Adhere to the following strict key control procedures:

- a. Current rosters of individuals authorized access to pharmacy keys will be maintained and copy of these rosters should be given to the unit security officer at your unit.
- b. Keys and combinations will only be accessible to or known by individuals whose official duties require access to them.
- c. All keys will be signed in and out on a key control register. After duty hours, keys, including IDS keys, will be locked in a container of at least 20 gauge metal or material of equivalent strength and stored away from the pharmacy or in the custody of the responsible duty officer, NCO, or charge of quarters. At no time must keys be left unattended or unsecured. A two key system is highly recommended and should be used so that one individual does not have uncontrolled access. Key control registers will be kept for at least ninety days from the date of the last entry.

*NOTE:* The use of a master key system is prohibited.

- d. All keys will be inventoried semi-annually or as directed by your security officer. A key showdown should be conducted periodically of all keys that are signed out. Documentation for both the inventory and the showdowns will be kept on file for one year from the date of the last entry.
- e. Maintain no more than two keys per lock in the key box. Maintain an accurate record of all additional keys.

## 9. Ensure that locks and combinations are changed when loss or compromise is suspected. Combinations will be changed every 12 months or when personnel having access depart, whichever occurs first.

## 10. Post Standard Form 700 (Combination Change Envelope) for all combination locks used.

*NOTE:* This form has the name, home address, and home phone number of who to contact if the container (safe or vault) is left unsecured. Part 1 of SF 700 will be posted on the inside door of the container being utilized. The combination to the container (if applicable) will be recorded on Part 2A of SF 700 and placed in the envelope provided. This envelope will be stored in an approved safe at a location other than the pharmacy.

## 11. Record on Standard Form 702 (Security Container Check Sheet) all times the container or pharmacy is opened, locked, and checked.

*NOTE:* When the container is locked, it will be checked by a second responsible individual. This form will be retained on file for 90 days from the date of the last entry.

## 12. Place additional keys in a sealed envelope stored in an approved safe at a location other than the pharmacy.

## 13. Ensure that the Provost Marshal's Office has completed a physical security check within the last year and a copy is kept in the pharmacy's files.

*NOTE:* Although it is not required, it is highly recommended that a crime prevention survey is conducted annually. The purpose of this survey is to identify procedures that are conducive to criminal activity.

## 14. Report all instances of suspected theft, illegal entry, or other incidents of suspicious origin to the following:

**Performance Steps**

- a. The Non-Commissioned Officer/Officer in Charge of the Pharmacy.
- b. The unit commander.
- c. The military police.

*NOTE:* Theft, loss, recovery, or mismanagement of controlled substances will be reported as a serious incident, in accordance with the provisions of AR 190-40.

**Performance Measures**

	<u>GO</u>	<u>NO GO</u>
1. Annually reviewed and updated local SOPs on physical security, controlled substances procedures, and key control.	—	—
2. Initiated background check all employees annually with local Provost Marshall office.	—	—
3. All access rosters to the pharmacy and controlled substances storage areas were up to date.	—	—
4. Pharmacy was identified clearly as a limited access area.	—	—
5. Pharmacy and controlled substances storage areas had sufficient lighting.	—	—
6. All controlled substances were stored properly.	—	—
7. Records indicated that an IDS was being used and quarterly testing was annotated.	—	—
8. Records indicated that correct key control procedures were followed.	—	—
9. Locks, combinations, and access cards were changed when loss or compromise was suspected, every 12 months or after personnel departure.	—	—
10. SF 700 (Combination Change Envelope) was utilized properly.	—	—
11. SF Form 702 (Security Container Check Sheet) was utilized properly.	—	—
12. Additional keys were stored properly.	—	—
13. Provost Marshal's Office completed a physical security check within 12 months and a copy was available.	—	—
14. Incidents of suspected theft, illegal entry, etc were reported immediately.	—	—
15. All SOPs, records, inventories, and inspection reports were available for review.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**  
**Required**  
None

**Related**  
AR 190-13  
AR 190-40  
AR 40-2  
AR 40-3  
FM 3-19.30  
FM 8-260

## MANAGE PHARMACY SAFETY PROGRAM

**081-824-0059**

**Conditions:** You have been assigned to manage the pharmacy safety program. The program has been developed and published as SOP. Following guidance stated in the SOPs and federal regulations, manage the pharmacy's safety program.

**Standards:** Monitored the safety program and ensured that the pharmacy is in compliance with SOPs and federal regulations.

### Performance Steps

1. Review SOPs and applicable federal regulations annually.
2. Review fire and safety program and ensure that appointed NCO and staff are current with training.
3. Ensure fire and safety checks are performed according to SOPs and federal regulations (i.e., fire extinguishers, alarm system, ceiling clearance, exits blocked, eye wash stations, fire blankets).
4. Monitor hazardous communication (HAZCOM) program and ensure that appointed NCO and staff are current with training.
5. Check for the location and completeness of Material Safety Data Sheet (MSDS) notebook.
6. Ensure hazardous materials and carcinogenic substances are isolated, inventoried, properly stored, and labeled.
7. Check for availability of required equipment for safe handling of hazardous materials (i.e., gloves, eye goggles, aprons, spill kits).

### Performance Measures

	<u>GO</u>	<u>NO GO</u>
1. Reviewed the pharmacy's safety SOP within 12 months.	—	—
2. Monitored the pharmacy's safety program.	—	—
3. Monitored HAZCOM program.	—	—
4. Checked for the location and completeness of MSDS notebook.	—	—
5. Ensured hazardous materials and carcinogenic substances were isolated, inventoried, properly stored, and labeled.	—	—
6. Checked for availability of required safety equipment.	—	—

**Evaluation Guidance:** Score each soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the soldier must pass all performance measures to be scored GO. If the soldier fails any step, show what was done wrong and how to do it correctly.

**References**  
**Required**  
None

**Related**  
JCAHO MANUAL



**APPENDIX A**

**FIELD EXPEDIENT SQUAD BOOK**

**FIELD EXPEDIENT SQUAD BOOK**

For use of this form, see AR 350-57; the proponent agency is DCSOPS

SHEET

1 OF 4

USER APPLICATION

SOLDIER'S NAME

TASK NUMBER AND SHORT TITLE	STATUS												
	GO	NO-GO	GO	NO-GO	GO	NO-GO	GO	NO-GO	GO	NO-GO	GO	NO-GO	
081-824-0001 Screen New and/or Refill Prescriptions													
081-824-0047 Fill Outpatient Prescriptions for Noncontrolled Drugs													
081-824-0046 Fill Outpatient Prescriptions for Controlled Drugs													
081-824-0028 Dispense Outpatient Medications													
081-824-0013 Screen a Unit Dose Order													
081-824-0014 Fill Unit Dose Orders													
081-824-0015 Maintain Inpatient Medication Profiles													
081-824-0021 Screen a Sterile Product Order													
081-824-0023 Prepare Sterile Products													
081-824-0025 Maintain an Aseptic Work Environment in Sterile Product Area													
081-831-0008 Put on Sterile Gloves													
081-824-0016 Compound Pharmaceuticals													
081-824-0072 Prepackage Medications													

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DA FORM 5165-R, SEP 85



**FIELD EXPEDIENT SQUAD BOOK**

For use of this form, see AR 350-57; the proponent agency is DCSOPs

SHEET

3 OF 4

USER APPLICATION

SOLDIER'S NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATUS

TASK NUMBER AND SHORT TITLE	GO	NO-GO																			
081-824-0058 Inventory Pharmaceuticals in Medication Use Areas																					
081-824-0060 Calculate Pharmaceutical Stock Levels																					
081-824-0063 Pack Pharmaceutical Supplies for Deployment																					
101-92Y-1401 Prepare a Document Register																					
101-525-1141 Maintain a Document Register (Non-automated)																					
081-824-0055 Perform Preventive Maintenance Checks and Services (PMCS) on Pharmacy Equipment																					
081-824-0033 Conduct Medication Use Area Inspections (Ward/Clinic)																					
081-824-0049 Prepare Adverse Drug Event Reports																					
Skill Level 2																					
081-824-0027 Evaluate a Completed Prescription																					
081-824-0029 Evaluate a Completed Unit Dose Order																					
081-824-0031 Evaluate a Completed Sterile Products Order																					
081-824-0052 Evaluate a Completed Order for Controlled Substances																					

DA FORM 5165-R, SEP 85 EDITION OF DEC 82 IS OBSOLETE





## GLOSSARY

### **ACCP**

The Army Correspondence Course Program

### **ADR**

adverse drug reaction

### **Army Training and Evaluation Program (ARTEP).**

The Army's collective training program that establishes unit training objectives critical to unit survival and performance in combat. They combine the training and the evaluation process into one integrated function. The ARTEP is a training program and not a test. The sole purpose of external evaluation under this program is to diagnose unit requirements for future training.

### **ARTEP**

Army Training and Evaluation Program

### **ASAM**

automated staffing assessment model

### **ASI**

additional skill identifier

### **Battle focus**

A process to guide the planning, execution, and assessment of the organization's training program to ensure they train as they are going to fight.

### **BDO**

battle dress overgarment

### **CBRNE**

chemical, biological, radiological, nuclear, and high-yield explosive

### **CHCS**

Composite Health Care System

### **Collective training.**

Training, either in institutions or units, that prepares cohesive teams and units to accomplish their combined arms and service missions on the battlefield.

### **Common task.**

A critical task that is performed by every soldier in a specific skill level regardless of MOS.

### **COMSEC**

communications security

### **CONT**

controlled substance

**Cross training.**

The systematic training of a soldier on tasks related to another duty position within the same military occupational specialty or tasks related to a secondary military occupational specialty at the same skill level.

**DEA**

Drug Enforcement Administration

**DEERS**

Defense Enrollment Eligibility Reporting System

**DIC**

document identifier code

**DNS**

do not stock

**DOD**

Department of Defense

**DODAAC**

Department of Defense Activity Address Code

**ER**

emergency room

**FDA**

Food and Drug Administration

**HCP**

health care provider

**HEPA**

high efficiency particulate air filters

**IAW**

in accordance with

**ICU**

intensive care unit

**ID**

identification; infantry division

**IDS**

intrusion detection system

**Individual training.**

Training which prepares the soldier to perform specified duties or tasks related to the assigned duty position or subsequent duty positions and skill levels.

**Integration training.**

The completion of initial entry training in skill level 1 tasks for an individual newly arrived in a unit, but limited specifically to tasks associated with the mission, organization, and equipment of the unit to which the individual is assigned. It may be conducted by the unit using training materials supplied by the school, by troop schools, or by inservice or contract mobile training teams. In all cases, this training is supported by the school proponent.

**IPOE**

inpatient physician order entry

**ISO**

International Standardization Organization

**LAFH**

laminar air flow hood

**LIN**

line item number

**MEDCEN**

medical center

**MEDCOM**

medical command

**MEDDAC**

medical department activity

**MEPR**

medical expense and performance report

**Merger training.**

Training that prepares noncommissioned officers to supervise one or more different military occupational specialties at lower skill levels when they advance to a higher level in their career management field.

**METL**

mission essential task list

**mg**

milligram(s)

**Mission essential task list**

A compilation of collective mission essential tasks which must be successfully performed if an organization is to accomplish its wartime mission(s).

**MOS**

military occupational specialty

**MOSC**

military occupational specialty code

**MSDS**

material safety data sheet

**NA**

not authorized

**NBC**

nuclear, biological, and chemical

**NCO**

noncommissioned officer

**NCO-ER**

noncommissioned officer evaluation report

**NCOIC**

noncommissioned officer in charge

**NDC**

national drug code

**NG**

nasogastric

**NKDA**

no known drug allergies

**NSN**

national stock number

**OER**

officer evaluation report

**OIC**

officer in charge

**OR**

operating room

**P&T**

pharmacy and therapeutics

**PBO**

property book officer

**PD**

priority designator

**PMCS**

preventive maintenance checks and services

**prn**

as necessary

**QA**

quality assurance

**Rx**

prescription/reparable exchange (depends on use)

**SARSS**

Standard Army Retail Supply System

**Self-development.**

Self-development is a planned, progressive, and sequential program followed by leaders to enhance and sustain their military competencies. Self-development consists of individual study, research, professional reading, practice, and self-assessment.

**SL**

squad leader; skill level

**SM**

soldier's manual

**SMCT**

soldier's manual of common tasks

**SOP**

standing operating procedures

**SSA**

supply support activity

**SSN**

social security number

**STAT**

immediately

**Sustainment training.**

The provision of training to maintain the minimum acceptable level of proficiency required to accomplish a critical task.

**TAMMIS**

Theater Army Medical Management Information System

**TDA**

table of distribution and allowances

**TDY**  
Temporary Duty

**TG**  
trainer's guide

**TOE**  
table of organization and equipment

**TOS**  
temporarily out of stock

**Train-up.**  
The process of increasing the skills and knowledge of an individual to a higher skill level in the appropriate MOS. It may involve certification.

**UD**  
unit dose

**UIC**  
unit identification code

**ULLS**  
Unit Level Logistics System

**UND**  
urgency of need designator

**Unit training.**  
Training (individual, collective, and joint or combined) conducted in a unit.

**WAM**  
workload assessment module

## REFERENCES

New reference material is being published all the time. Present references, as listed below may become obsolete. To keep up-to-date, see DA Pam 25-30. Many of these publications and forms are available in electronic format from the sites listed below:

### [U.S. Army Publishing Agency](#)

Administrative Departmental Publications and Forms  
(ARs, Cir, Pams, OFs, SFs, DD & DA Forms)

### [General Dennis J. Reimer Training and Doctrine Digital Library \(RDL\)](#)

Army Doctrinal and Training Publications  
(FMs, PBs, TCs, STPs)

## Required Publications

Required publications are sources that are listed in task conditions statements and are required for the soldier to perform the task.

### Army Regulations

AR 25-400-2	The Modern Army Recordkeeping System (MARKS) 1 October 2001
AR 710-2	Inventory Management Supply Policy Below the Wholesale Level 31 October 1997

### Department of Army Forms

DA FORM 2064	Document Register for Supply Actions
DA FORM 2765-1	Request for Issue or Turn-In
DA FORM 3161	Request for Issue or Turn-In
DA FORM 3862	Controlled Substances Stock Record
DA FORM 3875	Bulk Drug Order
DA FORM 3949	Controlled Substances Record
DA FORM 4256	Doctors Orders

### Department of Army Pamphlets

DA PAM 710-2-1	Using Unit Supply System (Manual Procedures) 31 December 1997
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### Other Product Types

DD FORM 1289	DOD Prescription
DD FORM 577	Signature Card
FSC C-6500 SERIES	Federal Supply Catalog Medical Material
JCAHO MANUAL	JCAHO Accreditation Manual for Hospitals

## Related Publications

Related publications are sources of additional information. They are not required in order to perform the tasks in this manual.

### Army Correspondence Course Program Subcourses

MD0809 Introduction to Compounding and Manufacturing

### Army Regulations

AR 190-13 The Army Physical Security Program 30 September 1993  
AR 190-40 Serious Incident Report 30 November 1993  
AR 190-51 Security of Unclassified Army Property (Sensitive and Nonsensitive ) 30 September 1993  
AR 40-2 Army Medical Treatment Facilities: General Administration 3 March 1978  
AR 40-3 Medical, Dental, and Veterinary Care 28 January 2002  
AR 40-38 Clinical Investigation Program 1 September 1989  
AR 40-48 Nonphysician Health Care Providers 7 November 2000  
AR 40-61 Medical Logistics Policies and Procedures 25 January 1995  
AR 40-68 Quality Assurance Administration 20 December 1989  
AR 40-7 Use of Investigational Drugs and Devices in Humans and Use of Schedule I Controlled Drug Substances 4 January 1991

### Department of Army Forms

DA FORM 2028 Recommended Changes to Publications and Blank Forms  
DA FORM 3949-1 Controlled Substances Inventory  
DA FORM 4106 Quality Assurance/Risk Management Document  
DA FORM 5164-R Hands-On Evaluation  
DA FORM 5165-R Field Expedient Squad Book  
DA FORM 581 Request for Issue and Turn-In of Ammunition

### Department of Army Pamphlets

DA PAM 350-59 Army Correspondence Course Program Catalog 1 October 2002  
DA PAM 710-2-2 Supply Support Activity Supply System: Manual Procedures 30 September 1998

### Department of Army Visual Information Production and Distribution Program

VT 133 Pharmaceutical Weights and Measures  
VT 135 Pharmaceutical Solutions, Pt II  
VT 137 Preparing Pharmaceutical Syrups  
VT172 Operation and Care of the Alsop Mixer/Filter Unit  
VT173 Operation and Care of the Ointment Mill  
VT174 Operation and Care of the Mixer/Kneader Agitator Units  
VT175 Operation and Care of the Homogenizer  
VT176 Operation and Care of the Blender and Stirrers  
VT24 Ointments - Basic Compounding Techniques

**Field Manuals**

FM 25-101	Battle Focused Training 30 September 1990
FM 3-19.30	Physical Security 8 January 2001
FM 7-0	Training the Force 22 October 2002
FM 8-260	Pharmacy Specialist 19 May 1986

**Other Product Types**

MEDCOM FORM 250-R	List of File Numbers
SF 700	Security Container Information
SF 702	Security Container Check Sheet

**Soldier Training Publications**

STP 21-1-SMCT	Soldier's Manual of Common Tasks Skill Level 1 1 October 2001
STP 21-24-SMCT	Soldier's Manual of Common Tasks (SMCT) Skill Levels 2-4 1 October 2001

**Special Texts (Suggested Reading)**

ASHP #1	Practice Standards of American Society of Health-System Pharmacists 1 January 1995
BASIC NURSING	Rosdahl, Textbook of Basic Nursing, 6th Edition, Lippincott 1 August 1997
GENNARO, A.	Remington: The Science and Practice of Pharmacy, 19th Edition; Mack Publishing Co 1 January 1995

**Training Circulars**

TC 8-13	Deployable Medical Systems Tactics, Techniques, and Procedures 7 December 1990
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**STP 8-91Q15-SM-TG**  
**1 APRIL 2003**

By Order of the Secretary of the Army:

ERIC K. SHINSEKI  
*General, United States Army*  
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