

The Pharmacy and Therapeutics (P&T) Committee

Organization of Pharmacy and Therapeutics (P&T) Committee

1. Leadership

- **Chairperson:** A senior physician leading discussions and aligning with clinical practices.
- **Co-Chair:** A pharmacist supporting the chair and setting agendas.
- **Secretary:** Typically, a pharmacist, responsible for documentation and communication.

2. Members

- Composed of Physicians (various specialties), Pharmacists, Nurses, Administrators, and other healthcare professionals as needed.

3. Subcommittees

- **Specialized subcommittees may include:**
 - Adverse Drug Reaction (ADR)
 - Medication Usage Evaluation (MUE)
 - Formulary Review

4. Meetings

- Held monthly or quarterly, depending on institutional needs.

5. Documentation & Communication

- Records of meeting minutes and decisions are maintained for consistency and communication across departments.

6. Collaboration

- Works with other departments to align medication use with institutional patient care goals.
- This structure enables efficient management of medication policies and patient safety.

Functions of the Pharmacy and Therapeutics (P&T) Committee

1. **Formulary Management:** Develops and maintains an updated list of approved medications based on efficacy, safety, and cost-effectiveness.
2. **Policy Development:** Establishes guidelines for prescribing, dispensing, and administering medications to ensure standardized practices.
3. **Medication Safety:** Monitors adverse drug reactions and medication errors to enhance patient safety.

4. **Education:** Provides training and resources on new medications, protocols, and best practices for healthcare staff.
5. **Drug Use Evaluation:** Assesses prescribing patterns and medication use to promote rational drug utilization.
6. **Cost Containment:** Evaluates medication costs and implements strategies to reduce unnecessary expenses without compromising care quality.

Pharmacy and Therapeutics (P&T) Committee Policies

- The P&T Committee plays a critical role in ensuring safe, effective, and cost-efficient medication use in healthcare settings.

Key policies include:

1. Formulary Management

- **Purpose:** Maintain an approved list of medications for safe, effective, and cost-effective use.
- **Policies:**
 - Review new drugs based on clinical evidence, safety, and cost.
 - Substitute costly brand drugs with generics if equivalent.
 - Periodic reviews to ensure ongoing relevance.

2. Inpatient Prescription Management

- **Purpose:** Promote safe medication practices for inpatients.
- **Policies:**
 - Use standard order sets for common drugs.
 - Set safe dose ranges for patient groups (e.g., pediatrics).
 - Implement alerts for drug interactions.

3. Outpatient Prescription Management

- **Purpose:** Address medication needs post-discharge or in outpatient settings.
- **Policies:**
 - Limit dispensed quantities to prevent overuse.
 - Set guidelines for refills.
 - Provide patient counseling on drug usage and safety.

4. Automatic Stop Orders

- **Purpose:** Prevent unnecessary prolonged medication use.
- **Policies:**
 - Apply duration limits on certain drugs (e.g., 5 days for antibiotics).

- Require regular monitoring, with discontinuation if tests are missed.
- Allow provider override if continuation is necessary.

5. Emergency Drug List Management

- **Purpose:** Ensure essential drugs are available for emergencies.
- **Policies:**
 - Compile a list of necessary emergency drugs.
 - Maintain adequate stock levels and monitor expiration.
 - Train staff on emergency drug use and administration.

Here's a table summarizing commonly used emergency medications and their usual adult doses:

Drug	Usual Adult Dose	Indication
Adenosine	6 mg rapid IV push; may repeat with 12 mg	Supraventricular tachycardia (SVT)
Amiodarone	150-300 mg IV over 10 minutes	Ventricular fibrillation, VTach
Atropine	0.5 mg IV; may repeat up to 3 mg	Bradycardia
Dopamine	2-20 mcg/kg/min IV infusion	Shock, bradycardia
Epinephrine (1:10,000)	1 mg IV/IO every 3-5 mins	Cardiac arrest
Epinephrine (1:1,000)	0.3-0.5 mg IM or SC	Anaphylaxis
Glucagon	1 mg IM/IV/SC	Severe hypoglycemia when IV glucose isn't feasible
Lidocaine	1-1.5 mg/kg IV bolus	Ventricular arrhythmias
Magnesium Sulfate	1-2 g IV over 5-20 minutes	Torsades de pointes, eclampsia
Naloxone (Narcan)	0.4-2 mg IV/IM/IN; may repeat	Opioid overdose
Sodium Bicarbonate	1 mEq/kg IV bolus	Metabolic acidosis, tricyclic overdose
Vasopressin	40 units IV single dose	Cardiac arrest (alternative to epinephrine)



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