Clarifying the CPR Certification Requirement for Pharmacists Who Hold an Active Authorization to Administer Injectables

The author is Gayle Cotchen, PharmD, Lead Pharmacist, Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC), a graduate of Duquesne University’s School of Pharmacy, and the current acute care institutional member of the State Board of Pharmacy. Pharmacists who hold an active authorization to administer injectables must maintain a current basic cardiopulmonary resuscitation (CPR) certificate. Maintaining CPR certification is the legal requirement stated in bullet (a) (2) of Section 9.2, Authority to Administer Injectable Medications, Biologicals and Immunizations within Pennsylvania’s Pharmacy Act. Board Regulation Section 27.401(3) further notes that the CPR certificate must be issued by the American Heart Association, American Red Cross or a similar health authority or professional body approved by the Pennsylvania State Board of Pharmacy.

While satisfactory completion of a board-approved education course, such as the American Pharmacists Association’s Pharmacy-Based Immunization Delivery Certificate Program, is only required one time to apply for the authorization to administer injectables, the requirement regarding CPR certification is not a one-time requirement. Current CPR certification must be maintained at all times that an authorization to administer injectables is active. For pharmacists with an active authorization to administer injectables who aren’t sure where to renew the CPR certificate, the following information is provided.

- Training center information is provided on the pharmacist’s CPR certificate/card.
- Find a CPR Course is a link to the list of American Heart Association training centers.
- Register for CPR for Healthcare is the link for classes offered by the American Red Cross.
- A list of approved CPR providers/programs is posted on the Board’s website at www.dos.pa.gov/pharm.
- Keep in mind that the Board does not accept programs that are completed entirely online.

Be careful not to confuse the expiration date on your authorization to administer injectables with the renewal date on your CPR certificate/card.

- The authorization to administer injectables is renewed biennially from July to September in even-numbered years.
- The CPR certificate must be renewed every 1 or 2 years, depending on the provider.

For pharmacists who hold an active authorization to administer injectables, the requirement to maintain a current CPR certificate is a continuous requirement. A pharmacist with an active authorization to administer injectables may be subject to disciplinary action for failing to maintain current CPR certification and should place their authorization to administer injectables on inactive status if they do not have current, acceptable CPR certification.
Prospective Drug Review

The author is Robert Frankil, R.Ph, President, Sellersville Pharmacy, Inc., independent retail pharmacy member of the State Board of Pharmacy.

Under the Board of Pharmacy’s rules and regulations, pharmacists are required to perform a Prospective Drug Review (PDR) for all prescriptions and drug orders. Board Regulation Section 27.19(a) through (c) states:

(a) PDR Required. A pharmacist shall perform a PDR before filling, delivering or sending a new prescription or drug order, except when a physician dispenses a drug to a patient being treated in the emergency room. The PDR requires that the pharmacist review a profile of the patient maintained in the pharmacy in accordance with subsection (f) prior to dispensing the medication to the patient or caregiver.

(b) Purpose. The purpose of the PDR is to help assure that a drug dispensed under a prescription is not likely to have an adverse medical result. The PDR accomplishes this by attempting to identify potential drug therapy problems that might result from therapeutic duplication, drug-drug interactions, incorrect dosage, incorrect duration of drug treatment, drug-allergy interactions, and clinical abuse or misuse.

(c) Scope.

(1) The PDR is required for prescriptions and drug orders.
(2) The following are examples of situations in which a PDR is required:
   (i) A patient visits a physician in the physician’s office and receives a prescription. The patient has the prescription filled in a retail pharmacy.
   (ii) A pharmacist fills a prescription for a patient who lives in a personal care home.
   (iii) A pharmacist in a hospital pharmacy fills an outpatient prescription for a hospital employee.
   (iv) A patient is treated on a nonemergency basis in an outpatient clinic of a hospital and is given a prescription. The patient has the prescription filled either in the hospital pharmacy or in a retail pharmacy.
   (v) A pharmacist fills a prescription for a patient in a nursing home.
   (vi) A pharmacist in a hospital dispenses a drug which will be administered to a patient in the hospital.

(3) The following are examples of situations in which a PDR is not required:
(i) A physician dispenses a drug to a patient being treated in the emergency room.
(ii) A pharmacist dispenses a radiopharmaceutical to a physician who will administer it to a patient.
(iii) A medical practitioner dispenses a drug.
(iv) A pharmacist dispenses a drug to a medical practitioner which the practitioner will administer to a patient.

In addition, a patient profile must be obtained under Board Regulation Section 27.19(f) which states:

(1) The pharmacist or designee of the pharmacist shall make a reasonable effort to obtain, record and maintain the following information about each patient:
   (i) The name, address, telephone number, date of birth (or age) and gender.
   (ii) Individual history, if significant, including known allergies and drug reactions, and a list of medications and relevant devices, as provided by the patient or caregiver.
   (iii) Pharmacist comments relative to the individual’s drug therapy.

(2) The patient profile may be maintained electronically or manually.

(3) The pharmacist or designee of the pharmacist shall begin a patient profile when the pharmacist fills a prescription for a new patient or for a current patient for whom a profile had not previously been maintained.

(4) The patient profile shall be maintained for at least 2 years after the last entry.

(5) The Board will consider a single request for information for a patient profile made to a patient or caregiver a reasonable effort to obtain the information outlined in this subsection.

As prescriptions and drug orders are being processed, best practices would dictate that a pharmacist should:

1. Collect data. This includes asking the patient about drug allergies, medical conditions (past and present), drug history, and any other matter that might come into play once the patient starts using the medicine about to be dispensed.

2. Review the patient profile. Some of the data that needs collecting might be in the patient profile if the patient is a frequent visitor to the pharmacy. Scan the profile for drug duplications and interactions with the new prescription/drug order presented. Watch for multiple prescribers.

3. Scrutinize the current order. Make sure the drug and dosage are appropriate for the patient and that the drug properly treats the medical condition. Cross reference the medication to the patient profile. Discuss any issues with the patient or prescriber when appropriate.

4. For complicated prescriptions/drug orders where there may be concerns with the patient’s medical history, other prescribed medications, allergies, etc., document any conversations that are pertinent. If anything is out of the ordinary, document this as well. This includes dosages that exceed limitations and off-label uses.

5. Discuss these issues with the prescriber and document the exchange. Include in the patient profile information such as diagnoses, medical history, and reasons for therapy that might exceed manufacturer recommended dosages.

Simply entering a prescription/drug order into the computer and counting out pills is not enough. Make sure the patient, as a whole, is treated and understood. Make sure that each prescription
you fill is for “a legitimate medical purpose.” If there is any question, contact the prescriber and
document, document, document.
Not only is this required by the Board Regulations, performing a PDR is more and more
necessary in the face of today’s complicated world of medicine. With the amount of diversion
being seen with controlled substances, a full PDR is especially critical when filling prescriptions
for dangerous medicines.

Up and Away Initiative
In an effort to protect children from accidentally ingesting prescription drugs and other
medications, the Centers for Disease Control and Prevention (CDC) has developed the Up & Away
initiative. The goal of the initiative is to spread the message to put medication up, away and out of
sight of children. Approximately 60,000 young children are brought to the emergency room each
year because they took medications that were left within reach. The following flyers contain
valuable information and tips for parents, grandparents, and other adults about what they can do
to keep the young children in their life from accidently ingesting medicines. Please help spread this
vital message by sharing these flyers with those you serve. Learn more about this initiative by
visiting UpandAway.org.

Up and Away Grandparents Tip Sheet
Tips for Medicine Strorage
Designed for Pharmacists, Pharmacy Technicians, and Loss Prevention Personnel
Thursday, December 10, 2015 
or
Friday, December 11, 2015

Location:
Pittsburgh Marriott City Center
112 Washington Place
Pittsburgh, PA 15219

Time:
Check-in: 7:00am – 8:00am
Conference: 8:30am – 5:00pm

Complete conference information and registration is available at http://www.deadiversion.usdoj.gov/.

Continuing Education Credits Available for Pharmacists and Pharmacy Technicians