

Senator NELSON. May I interrupt for a moment.

Dr. McCARRON. Yes.

Senator NELSON. You mention on page 1 the similarity of the names of two drugs which have distinctly different uses. Do you have, from your experience, any examples of errors or confusion that has resulted from the multiplicity of brand names or names for any one drug?

Dr. McCARRON. Yes, we do. This is one that I picked because a doctor ordered disodium edathamil and the nurse was unfamiliar with that drug; she went to the shelf and found calcium disodium edathamil, she thought he forgot to put the calcium before it. We had one episode where this particular drug was administered. If she has any question she can now go to the formulary and see that they are two distinctly different drugs.

We felt that this was very important. We also had instances where a doctor would stop Achromycin and give Tetracyn.

Senator NELSON. And do what?

Dr. McCARRON. And give Tetracyn—the same thing by a different brand. He didn't know it. There was one hospital in the Los Angeles area that did bacteriological sensitivity studies to tetracycline and to Panmycin, and they were the same drug. The doctors were giving two different sensitivity tests, because somebody in the bacteriology department had gotten sensitivity discs for these two antibiotics, not realizing they were the same thing.

We try to teach our doctors a little better than that.

Because of recent advances in pharmacology, many potent therapeutic agents are available that require special knowledge for safe administration. The medical staff needed an authoritative guide to the selection of drugs, an understanding of their pharmacological properties, information regarding adverse effects and contraindications, and specific instructions regarding the policies and procedures for using these drugs at the Los Angeles County General Hospital.

Believing that the chance for error would be less if the entire staff became familiar with a limited number of medications, the therapeutics committee at the Los Angeles County General Hospital evaluated each of the 1,500 drugs in the pharmacy, and in consultation with the medical staff, selected 550 items to be included in the hospital formulary as "standard" hospital drugs.

Senator NELSON. These 550 made up your formulary; is that correct?

Dr. McCARRON. Yes.

Senator NELSON. And the doctors are required to prescribe from the formulary?

Dr. McCARRON. Yes.

Senator NELSON. Is your formulary all in generic terms?

Dr. McCARRON. Yes. In our formulary the drugs are listed in alphabetical order by generic name. I have included a sample for you to see. It is exhibit D. We have the generic name at the top of the page, and that is how the drug is filed. We have brand names over at the side; in this case it was only one brand name, but the brand name is for identification purposes.

Then we have a cross index that lists the drugs by generic and brand name and refers a person to the proper page listed by generic name.

Senator NELSON. Then you give the known clinical effect of the drug, side effects and so on?