DIVISION OF HOSPITALS
OPERATIONS MANUAL

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RESTRICTED DRUG LIST POLICY U.S.P.H.S. HOSPITAL - BALTIMORE, MD.

Drugs "accepted" by the pharmacy committee are placed in the most appropriate of the five (5) groups listed. Drugs are removed from restrictive groups as soon as the committee has sufficient evidence to indicate that there is no longer need for the control. Requests for drugs in Group One (A) are presented on the usual floor requisition form. The signature of the charge nurse is required. Requests for drugs controlled by regulations (Group One (B)) (Liquor, Ethyl Alcohol, Hypnotics and Narcotics) require the signature of the charge nurse also. Requests for drugs in Groups II, III, IV, and V must be on a physician's prescription order blank. The name of patient, name of the drug, the dose and signature of prescriber is required.

Restricted Drug Groups

Groups

I (A) Drugs for nursing units (may be ordered by the charge nurse).
(B) Drugs controlled by regulations (must be ordered by charge nurse).
(Narcotics, Hypnotics, Ethyl Alcohol and Spirituous Liquors.)

II Drugs requiring special prescription for patient signed by a medical officer.

III Drugs requiring special prescription for patient signed by chief, deputy chief, assistant chief or resident.

IV Drugs requiring special prescription for patient signed by chief, deputy chief, or assistant chief.

V Drugs requiring special prescription for patient signed by chief or deputy chief of service.

Drug Restricted List Policy

Signature of any one individual indicated is required to obtain a medication in a particular group.

Groups		Chiefs	Deputy Chiefs	Ass't Chief	Staff Physician	Resident	Intern	Nurse
I	(A)	x	x	x	x	x	x	x
	(B)	x	x	x	x	x	x	
II		x	x	x	x	x	x	
III		x	x	x	x	x		
IV		x	x	x				
V		x	x					

(12) Develop a methodical procedure by which he can arrive at a sensible and logical evaluation of a drug.

The following approach is currently being used in U. S. Public Health Service hospitals and clinics in indoctrinating pharmacy committee members and clinical staff on the philosophy and method of drug evaluation.

(1) The index to Sollman's Manual of Pharmacology (7th edition) shows about 2400 items.
(2) The introduction to The Merck Index (6th edition) states that the text covers 8,000 drugs and chemicals.
(3) The National Formulary (9th edition) lists about 500 drugs.
(4) The U. S. Pharmacopoeia (14th edition) lists approximately 500 drugs.
(5) New and Non-Official Remedies (1952) mentions in the neighborhood of 1,000 items.

There is of course, considerable over-lapping in these listings. However, taking this fact into consideration, there are undoubtedly more than 2500 different drugs available at any one time when allowance is made for the continual introduction of new preparations. We do not believe it is an overstatement to say that there are many more drugs available than are necessary to practice good medicine. All of us are aware of the confusion that this abundance causes in the field of drug therapy. There are too many drugs to choose from; there is a tremendous amount of over-lapping; there are too many compounded prescriptions available; and new agents are added at a greater rate than older ones are discarded or declared obsolete. This situation is not new, but the point of concern is that it is allowed to remain with us and grow. The problem of any one physician in keeping abreast of the developments and learning to distinguish between the good, the better, and the best, always becomes progressively more difficult.