Soldier's Manual and Trainer's Guide

MOS 68Q

Pharmacy Specialist

Skill Levels 1/2/3/4/5
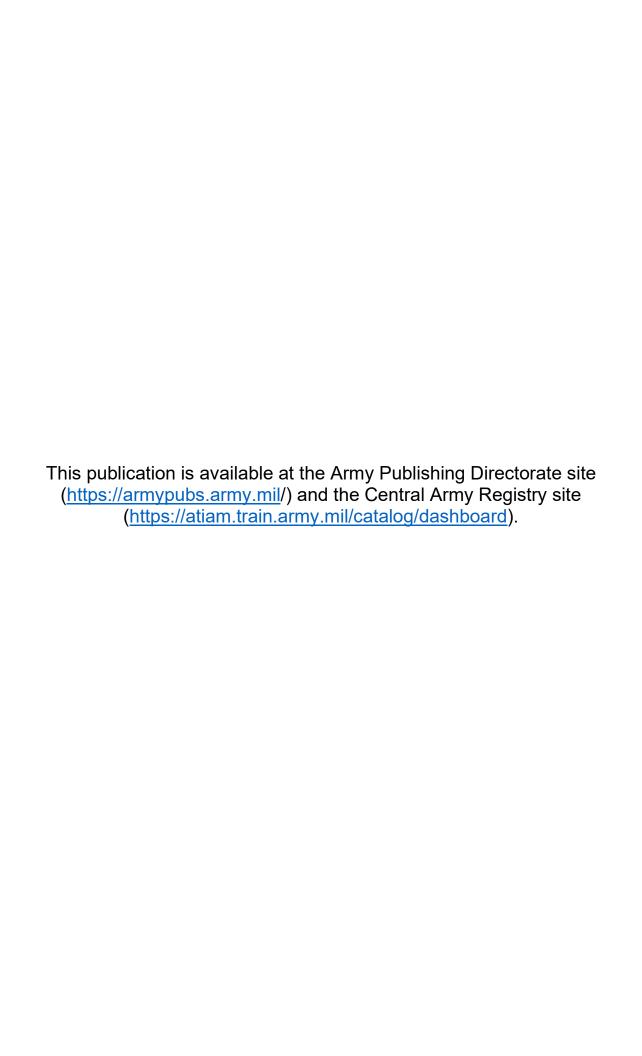
with

Readiness Requirements

MAY 2023

Headquarters, Department of the Army

This publication is available at the Army Publishing Directorate site (https://armypubs.army.mil/) and the Central Army Registry site (https://atiam.train.army.mil/catalog/dashboard).

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Contents

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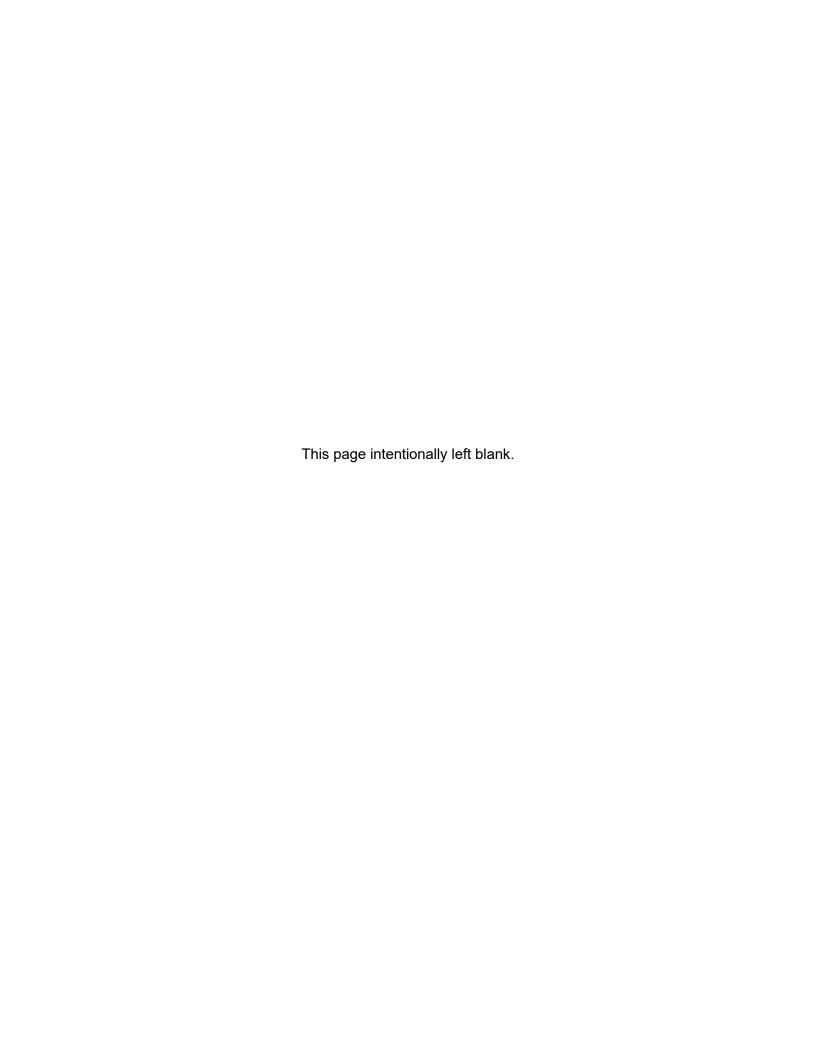*This publication supersedes STP 8-68Q15-SM-TG, 7 April 2016.

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Preface

This publication is for skill levels 1, 2, 3, 4, and 5, including readiness requirements, for Soldiers holding military occupational specialty 68Q, 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 have access to this publication. This Soldier training publication is available for download from the Central Army Registry.

According to AR 25-30, the use of trade or brand names of products should be avoided. Instead, the use of a standard Army nomenclature, specifications, or a generic category when referring to a product is recommended. The task conditions and standards found in the Training Development Capability website for Soldier training publications have not changed in this publication; however, standard Army nomenclature, specifications, or generic category are used in lieu of brand names of products used in the individual critical task lists.

This publication applies to the Active Army, the Army National Guard, and the United States Army Reserve unless otherwise stated.

The proponent of this publication is the United States Army Training and Doctrine Command. The preparing agency of STP 8-68Q15-SM-TG is the United States Army Medical Center of Excellence, Directorate of Training and Doctrine, Doctrine Literature Division. Send comments and recommendations on DA Form 2028 (*Recommended Changes to Publications and Blank Forms*) directly to usarmy.jbsa.medical-coe.mbx.dotd-tngpubs@army.mil or the Commander, United States Army Medical Center of Excellence, ATTN: ATMC-DTC-M, 2377 Greeley Road, Suite B, Joint Base San Antonio Fort Sam Houston, Texas 78234-7731.

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Chapter 1

Introduction

1-1. General.
This Soldier training publication (STP) identifies the individual military occupational specialty (MOS) training requirements for Soldiers in MOS 68Q. Another source of STP task data is the Central Army Registry at the Army Training (and Education) Network. Commanders, trainers, and Soldiers should use the STP to plan, conduct, and evaluate individual training in units. In conjunction with training publication ADP 7-0, Soldier's manual of common tasks publication STP 21-1-SMCT, and collective training products, the STP establishes effective training plans and programs that integrate leaders, Soldiers, and collective tasks. This chapter explains how to use the STP in establishing an effective individual training program and describes doctrinal principles and their implications outlined in ADP 7-0. Based on these guidelines, commanders and unit trainers must tailor the information to meet the requirements for their specific unit.

1-2. Training Requirement.
Every Soldier, noncommissioned officer (NCO), and officer has one primary mission—to be trained and ready to fight and win our nation's wars. Success in battle does not happen by accident; it is a direct result of tough, realistic, and challenging training.

a. Operational Environment.

(1) An operational environment is a composite of the conditions, circumstances, and influences that affect the employment of capabilities and bear on the decisions of the commander. An operational environment encompasses physical areas of the air, land, maritime, space, and cyberspace domains as well as the information environment (which includes cyberspace), the electromagnetic spectrum, and other factors.

(2) The current operational environment faced by our forces presents enormous challenges to operate across the competition continuum. Factors that affect operations extend beyond the boundaries of a commander's assigned area of operations. Commanders and their staffs must develop and maintain a thorough understanding of their particular operational environment. Real world planning considerations for conducting large-scale combat operations are focused against adversaries. Peer threats can employ resources across multiple domains to create lethal operational environments. Large-scale combat operations are sustained combat operations involving multiple corps and divisions. They present the greatest challenge for Army forces.

(3) Army forces must be organized, trained, and equipped to meet worldwide challenges against a full range of threats. The Army accomplishes its mission by supporting the joint force in its strategic roles. Within each phase of a joint operation, the Army's operational concept of multidomain operations guides how Army forces conduct operations. In large-scale combat operations, Army forces combine offensive, defensive, and stability tasks to seize, retain, and exploit the initiative in order to shape operational environments, prevent conflict, prevail in large-scale ground combat operations, and consolidate gains in support of the joint force and unified action partners. The Army's primary mission is to conduct prompt and sustained land combat to defeat enemy ground forces and seize, occupy, and defend land areas. The ability to deploy the right combination of Army forces to the right place at the right time requires unit leadership focused on the training and readiness essential to a successful deployment.

(4) Training is the most important thing the Army does to prepare for operations. It is the cornerstone of combat readiness and the foundation for successful operations. Effective training must be commander driven, rigorous, and realistic and conducted to the standard and

under the conditions that units expect to operate in during combat. Units execute effective individual and collective training based on the Army's principles of training. Through training and leader development, units achieve the tactical and technical competence that builds confidence and allows them to conduct successful operations across the competition continuum.

(5) A chemical, biological, radiological, and nuclear (CBRN) event could potentially occur during both military combat and peacetime operations. To assist commanders and leaders in unit training, CBRN-related information should be included in United States Army Medical Center of Excellence collective training. Even though most collective tasks within an MOS training plan may support a CBRN event, those tasks that will most directly be impacted must be clearly identified with a statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRN EVENT." These collective tasks and any supporting individual tasks in this Soldier's manual should be considered for special training emphasis.

(6) Leaders at all echelons should actively seek training opportunities that directly involve the Regular Army, United States Army Reserve, the Army National Guard, combat training centers, joint Services, and unified action partners. Training individual tasks occurs in the institutional, operational, and self-development training domains. Individual skill proficiency is the basis for collective task proficiency.

b. How the Army Trains.

(1) Training is a team effort and the entire Army—Department of the Army, major commands, the institutional training base, organizational units, the combat training centers, each individual Soldier, and the Civilian workforce—has a role that contributes to force readiness. Department of the Army and major commands are responsible for resourcing the Army to train. The Institutional Army, including schools, training centers, and NCO academies, for example, train Soldiers and leaders to take their place in units in the Army by teaching doctrine tactics, techniques, and procedures. Units, leaders, and individuals train to standard on their assigned critical individual tasks. The unit trains first as an organic unit and then as an integrated component of a team. Before the unit can be trained to function as a team, Soldiers must be trained to perform their individual supporting tasks to standard. Operational deployments and major training opportunities, such as major training exercises, combat training centers, and combined arms training systems evaluations, provide rigorous, realistic, and stressful training and operational experience under actual or simulated combat and operational conditions to enhance unit readiness and produce bold, innovative leaders. The result of this Army-wide team effort is a training and leader development system that is unrivaled in the world. Effective training produces Soldiers and leaders who can successfully execute any assigned mission.

(2) The Army Training and Leader Development Model centers on developing trained and ready units led by competent and confident leaders. The model depicts an important dynamic that creates a lifelong learning process. The three core domains that shape the critical learning experiences throughout a Soldier's and a leader's time span are the institutional, operational, and self-development domains. Together, these domains interact using feedback and assessment from various sources and methods to maximize warfighting readiness. Each domain has specific, measurable actions that must occur to develop our leaders (see figure 1-1 on page 1-3).

Figure 1-1. Army Training and Leader Development Model

- The institutional domain focuses on educating and training Soldiers and leaders on the key knowledge, skills, and attributes required to operate in any environment. It includes individual, unit, and joint schools and advanced education.

- The operational domain includes home station training, combat training center rotations, and joint training exercises and deployments that satisfy national objectives. Each of these actions provides foundational experiences for Soldier, leader, and unit development.

- The self-development domain, both structured and informal, focuses on taking those actions necessary to reduce or eliminate the gap between operational and institutional experiences.

(3) Throughout this lifelong learning and experience process, there is formal and informal assessment and feedback of performance to prepare leaders and Soldiers for their next level of responsibility. Assessment is the method used to determine the proficiency and potential of leaders against a known standard. Feedback must be clear, formative guidance directly related to the outcome of training events measured against standards.

c. Leader Training and Leader Development.

(1) Competent and confident leaders are a prerequisite to the successful training of units. It is important to understand that leader training and leader development are integral parts of unit readiness. Leaders are inherently Soldiers first and should be technically and tactically proficient in basic Soldier skills. They are also adaptive and capable of sensing their environment, adjusting the plan when appropriate, and properly applying the proficiency acquired through training.

(2) Leader training is an expansion of these skills that qualifies them to lead other Soldiers. As such, doctrine and principles of training require the same level of attention from senior commanders. Leader training occurs in the Institutional Army, the unit, the combat training centers, and through self-development. Leader training is just one portion of leader development.

(3) Leader development is the deliberate, continuous, sequential, and progressive process grounded in Army values that grows Soldiers and Department of the Army Civilians into competent and confident leaders capable of decisive action. Leader development is achieved through the lifelong synthesis of the knowledge, skills, and experiences gained through institutional training and education, organizational training, operational experience, and self-development. Commanders play a key role in leader development that ideally produces technically and tactically competent, confident, and adaptive leaders. These leaders act with boldness and initiative in dynamic, complex situations to execute mission-type orders achieving the commander's intent.

(4) The life cycle management diagram combined with the 68Q MOS training plan forms the Soldier's career development model. This information, combined with the MOS training plan in chapter 2, forms the career development model for the MOS.

d. Training.

(1) Soldier and leader training and development continue in the unit. Using the institutional foundation, training in organizations and units focuses and hones individual and team skills and knowledge.

(2) Commander Responsibility.

(a) The unit commander is responsible for the wartime readiness of all elements in the formation. The commander is, therefore, the primary trainer in the organization and is responsible for ensuring all training conducted is in accordance with the STP and to the Army standard.

(b) Commanders ensure STP standards are met during all training. If a Soldier fails to meet established standards for identified MOS tasks, the Soldier must retrain until the tasks are performed to standard. Training to standard on MOS tasks is more important than completion of a unit training event such as combined arms training strategy evaluation. The objective is to focus on sustaining MOS proficiency—this is the critical factor commanders must adhere to when training individual Soldiers in units.

(3) NCO Responsibility.

(a) A great strength of the Army is its professional NCO Corps that takes pride in being responsible for the individual training of Soldiers, crews, and small teams. The NCO support channel parallels and complements the chain of command. It is a channel of communication and supervision from the command sergeant major to the first sergeants and then to other NCOs and enlisted personnel within an organization. The NCOs train Soldiers to the non-negotiable standards published in STPs. Commanders delegate authority to NCOs in the support channel as the primary trainers of individual, crew, and small team training. Commanders hold NCOs responsible for conducting standards-based, performance-oriented, battle-focused training and for providing feedback on individual, crew, and team proficiency. Commanders define the responsibilities and authority of NCOs to their staffs and subordinates.

(b) Professional development programs enhance the individual's career, through developmental assignments, experiential learning, continuing education, attendance in workshops and seminars and by working with experienced professionals. Professional programs strengthen and augment the individual's skills while building their expertise. A career map of these professional programs is available for every Soldier by accessing the Army Career Tracker, selecting My Planner, and clicking on the button labeled Printable Career Map.

(c) The NCOs continue the Soldierization process of newly assigned enlisted Soldiers and begin their professional development. The NCOs are responsible for conducting standards-based, performance-oriented, battle-focused training. They identify specific individual, crew, and small team tasks that support the unit's collective mission-essential tasks. The NCOs plan, prepare, rehearse, and execute training. They evaluate training and conduct after action reviews to provide feedback to the commander on individual, crew, and small team proficiency. Senior NCOs coach junior NCOs to master a wide range of individual tasks.

(4) Soldier Responsibility.

(a) Each Soldier is responsible for performing individual tasks identified by the first-line supervisor based on the unit's mission-essential task list. Soldiers must perform tasks to the standards included in the task summary. If Soldiers have questions about tasks or about which tasks in this manual they must perform, they are responsible for asking their first-line supervisor for clarification, assistance, and guidance.

(b) First-line supervisors know how to perform each task or can direct Soldiers to appropriate training materials, including current field manuals, technical manuals, and Army regulations. Soldiers are responsible for using these materials to maintain proficiency. They are also responsible for maintaining standard performance levels of all Soldier's manuals of common tasks at their current skill level and below. Periodically, Soldiers should ask their supervisor or another Soldier to check their performance to ensure they can perform the tasks.

1-3. Battle-Focused Training.
Battle focus is a concept used to derive peacetime training requirements from assigned and anticipated missions. Battle focus is applied to all missions across the competition continuum. The priority of training in units is to train to standard on the wartime mission. Battle focus guides the planning, preparation, execution, and assessment of each organization's training program to ensure its members train as they are going to fight. Battle focus is critical throughout the entire training process and is used by commanders to allocate resources for training based on wartime and operational mission requirements. Battle focus enables commanders and staffs at all echelons to structure a training program that copes with non-mission-related requirements while focusing on mission-essential training activities. It is recognized that a unit cannot attain proficiency to standard on every task whether due to time or other resource constraints. However, unit commanders can achieve a successful training program by consciously focusing on a reduced number of mission-essential task list tasks that are essential to mission accomplishment.

a. Linkage between mission-essential task list and STP. A critical aspect of the battle-focus concept is to understand the responsibility for and the linkage between the collective mission-essential tasks and the individual tasks that support them. For example, the commander and the command sergeant major or first sergeant must jointly coordinate the collective mission-essential tasks and supporting individual tasks on which the unit will concentrate its efforts during a given period. This task hierarchy is provided in the task database in the Central Army Registry. The command sergeant major or first sergeant must select the specific individual tasks that support each collective task to be trained. Although NCOs have the primary role in training and sustaining individual Soldier skills, officers at every echelon remain responsible for training to established standards during both individual and collective training.

b. Relationship of STPs to battle-focused training. The two key components of any STP are the Soldier's manual and trainer's guide. Each component gives leaders important information to help implement the battle-focused training process. The trainer's guide relates Soldier and leader tasks in the MOS and skill level to duty positions and equipment. It states where the task

is trained, how often training should occur to sustain proficiency, and which unit should be trained. As leaders assess and plan training, they should rely on the trainer's guide to help identify training needs.

      (1) Leaders conduct and evaluate training based on Army-wide training objectives and on the task standards published in the Soldier's manual task summaries or in the Central Army Registry. The task summaries ensure trainers—

- Define task standards the same way.

- Evaluate all Soldiers to the same standards.

      (2) Table 1-1 demonstrates how battle-focused training relates to the Soldier's manual and trainer's guide:

- The left column shows the steps involved in training Soldiers.

- The right column shows how the STP supports each of these steps.

Table 1-1. Relationship of battle-focused training and Soldier training publication

Battle-Focused Process	STP Support Process
Select supporting Soldier tasks	Use TG to relate tasks to METL
Conduct training assessment	Use TG to define what Soldier tasks to assess
Determine training objectives	Use TG to set objectives
Determine strategy; plan for training	Use TG to relate Soldier tasks to strategy
Conduct precombat checks	Use SM task summary as source for task performance
Execute training; conduct after action review	Use SM task summary as source for task performance
Evaluate training against established standards	Use SM task summary as standard for evaluation
Legend: METL = mission-essential task list SM = Soldier's manual	STP = Soldier training publication TG = trainer's guide

1-4. Task Summary Format.
Task summaries outline the wartime performance requirements of each critical task in the Soldier's manual. They provide the Soldiers and the trainer with the information necessary to prepare, conduct, and evaluate critical task training. At a minimum, task summaries include information the Soldiers must know and the skills they must perform to standards for each task. The task summaries included in this Soldier's manual follow a specific format.

    a. Task Title. The task title identifies the action to be performed.

    b. Task Number. A 10-digit number identifies each task or skill. This task number, along with the task title, must be included in any correspondence pertaining to the task.

c. Conditions. The task conditions identify all the equipment, tools, references, job aids, and supporting personnel the Soldier needs to use to perform the task in wartime. This section identifies any environmental conditions that can alter task performance, such as visibility, temperature, or wind. This section also identifies any specific cues or events that trigger task performance, such as a chemical attack or identification of a threat vehicle.

d. Standards. The task standards describe how well and to what level the task must be performed under wartime conditions. Standards are typically described in terms of accuracy, completeness, and speed.

e. Performance Steps. This section includes a detailed outline of information on how to perform the task. 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.

f. 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 instructions that should be given to the Soldier before evaluation.

g. Performance Measures. This evaluation guide identifies the specific actions 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 an evaluation guidance statement that indicates the requirements for receiving a GO on the evaluation.

h. References. This section identifies references that provide more detailed and thorough explanations of task performance requirements than those given in the task summary description.

1-5. Training Execution.
All good training, regardless of the specific collective, leader, and individual tasks being executed, must comply with certain common requirements. These include adequate preparation, effective presentation and practice, and thorough evaluation. The execution of training includes preparation for training, conduct of training, and recovery from training.

a. Preparation for Training. Formal near-term planning for training culminates with the publication of the unit training schedule. Informal planning, detailed coordination, and preparation for executing the training continue until the training is performed. Commanders and other trainers use training meetings to assign responsibility for preparation of all scheduled training. Preparation for training includes selecting tasks to be trained, planning the conduct of the training, training the trainers, conducting reconnaissance of the site, issuing the training execution plan, and conducting rehearsals and precombat checks. Precombat checks are preliminary actions commanders and trainers use to identify responsibility for these and other training support tasks. They are used to monitor preparation activities and follow up to ensure planned training is conducted to standard. Precombat checks are a critical portion of any training meeting. During preparation for training, battalion and company commanders identify and eliminate potential training distracters that develop within their own organizations. They also stress personnel accountability to ensure maximum attendance at training.

(1) Subordinate leaders, as a result of the bottom-up feed from internal training meetings, identify and select the individual tasks necessary to support the identified training objectives. Commanders develop the tentative plan to include requirements for preparatory training, concurrent training, and training resources. At a minimum, the training plan should include

confirmation of training areas and locations, training ammunition allocations, training simulations and simulators availability, transportation requirements, Soldier support items, a risk management analysis, assignment of responsibility for the training, designation of trainers responsible for approved training, and final coordination. The time and other necessary resources for retraining must also be an integral part of the original training plan.

(2) Leaders, trainers, and evaluators are identified, trained to standard, and rehearsed prior to the conduct of the training. Leaders and trainers are coached on how to train, given time to prepare, and rehearsed, so training will be challenging and doctrinally correct. Commanders ensure trainers and evaluators are not only tactically and technically competent on their training tasks but also understand how the training relates to the organization's mission-essential task list. Properly prepared trainers, evaluators, and leaders project confidence and enthusiasm to those being trained. Trainer and leader training is a critical event in the preparation phase of training. These individuals must demonstrate proficiency on the selected tasks prior to the conduct of training.

(3) Commanders, with their subordinate leaders and trainers, conduct site reconnaissance, identify additional training support requirements, and refine and issue the training execution plan. The training plan should identify all those elements necessary to ensure the conduct of training to standard. Rehearsals are essential to the execution of good training. Realistic, standards-based, performance-oriented training requires rehearsals for trainers, support personnel, and evaluators. Preparing for training in United States Army Reserve organizations can require complex precombat checks. United States Army Reserve trainers must often conduct detailed coordination to obtain equipment, training support system products, and ammunition from distant locations. In addition, United States Army Reserve precombat checks may be required to coordinate Regular Army assistance from the numbered continental United States training support divisions and directed training affiliations.

b. Conduct of Training. Ideally, training is executed using the crawl-walk-run approach. This allows and promotes an objective, standards-based approach to training. Training starts at the basic level. Crawl events are relatively simple to conduct and require minimum support from the unit. After the crawl stage, training becomes incrementally more difficult requiring more resources from the unit and home station and increasing the level of realism. At the run stage, the level of difficulty for the training event intensifies. Run stage training requires optimum resources and ideally approaches the level of realism expected in combat. Progression from the walk to the run stage for a particular task may occur during a one-day training exercise or may require a succession of training periods over time. Achievement of the Army standard determines progression between stages.

(1) In crawl-walk-run training, the tasks and the standards remain the same; however, the conditions under which they are trained change. Commanders may change the conditions, for example, by increasing the difficulty of the conditions under which the task is being performed, by increasing the tempo of the task training, by increasing the number of tasks being trained, or by increasing the number of personnel involved in the training. Whichever approach is used, it is important that all leaders and Soldiers involved understand in which stage they are currently training and understand the Army standard.

(2) An after action review is immediately conducted and may result in the need for additional training. Any task not conducted to standard should be retrained. Retraining should be conducted at the earliest opportunity. Commanders should program time and other resources for retraining as an integral part of their training plan. Training is incomplete until the task is trained to standard. Soldiers will remember the standard enforced not the one discussed.

    c. The training recovery process is an extension of training, and once completed, it signifies the end of the event. At a minimum, recovery includes conducting of maintenance training, turning in of training support items, and conducting of after action reviews of the overall effectiveness of the training just completed.

    (1) Maintenance training is the conduct of post-operations preventive maintenance checks and services, accountability of organizational and individual equipment, and final inspections. Class IV, Class V, training aids, devices, simulators, simulations, and other support items are maintained, accounted for, and turned in. Once all these have been accomplished, training sites and facilities are closed out.

    (2) After action reviews conducted during recovery focus on collective, leader, and individual task performance as well as the planning, preparation, and conducting of the training just completed. Unit after action reviews focus on individual and collective task performance, and they identify shortcomings and the training required to correct deficiencies. After action reviews with leaders focus on tactical judgment. These after action reviews contribute to leader learning and provide opportunities for leader development. After action reviews with trainers and evaluators provide additional opportunities for leader development.

1-6. Training Assessment.
Assessment is the commander's responsibility. It is the commander's judgment of the organization's ability to accomplish its wartime operational mission. Assessment is a continuous process that includes evaluating individual training, conducting an organizational assessment, and preparing a training assessment. Commanders use their experience, feedback from training evaluations, and other evaluations and reports to arrive at their assessment. Assessment is both the end and the beginning of the training management process. Training assessment is more than just training evaluation, and it encompasses a wide variety of inputs. Assessments include such diverse systems as training, force integration, logistics, and personnel and provide the link between the unit's performance and the Army standard. Evaluation of training is, however, a major component of assessment. Training evaluations provide the commander with feedback on the demonstrated training proficiency of Soldiers, leaders, staffs, and units. Commanders cannot personally observe all training in their organization; therefore, they gather feedback from their senior staff officers and NCOs.

    a. Evaluation of Training. Training evaluations are a critical component of any training assessment. Evaluation measures the demonstrated ability of Soldiers, commanders, leaders, staffs, and units against the Army standard. Evaluation of training is integral to standards-based training and is the cornerstone of leader training and leader development. The STPs describe standards that must be met for each Soldier task.

    (1) All training must be evaluated to measure performance levels against the established Army standard. The evaluation can be as fundamental as an informal, internal evaluation performed by the leader conducting the training. Evaluation is conducted specifically to enable the individual undergoing the training to know whether the training standard has been achieved. Commanders must establish a climate that encourages candid and accurate feedback for the purpose of developing leaders and trained Soldiers.

    (2) Evaluation of training is not a test; it is not used to find reasons to punish leaders and Soldiers. Evaluation tells Soldiers whether they achieved the Army standard and, therefore, assists them in determining the overall effectiveness of their training plans. Evaluation produces disciplined Soldiers, leaders, staffs, and units. Training without evaluation is a waste of time and resources.

(3) Evaluations are used by leaders as an opportunity to coach and mentor Soldiers. A key element in developing leaders is immediate, positive feedback that coaches and leads subordinate leaders to achieve the Army standard. This is a tested and proven path to develop competent and confident adaptive leaders.

b. Evaluators. Commanders must plan for formal evaluation and must ensure the evaluators are trained. These evaluators must also be trained as facilitators to conduct after action reviews that elicit maximum participation from those being trained. External evaluators will be certified in the tasks they are evaluating and normally will not be dual-hatted as a participant in the training being executed.

c. Role of Commanders and Leaders. Commanders ensure evaluations take place at each echelon in the organization. Commanders use this feedback to teach, coach, and mentor their subordinates. They ensure every training event is evaluated as part of training execution and every trainer conducts evaluations. Commanders use evaluations to focus command attention by requiring evaluation of specific mission-essential and battle tasks. They also use evaluation information to develop appropriate lessons learned for distribution throughout their commands.

d. After Action Review. The after action review, whether formal or informal, provides feedback for all training. It is a structured review process that allows participating Soldiers, leaders, staffs, and units to discover what happened during the training, why it happened, and how it can be done better. The after action review is a professional discussion that requires the active participation of those being trained.

1-7. Training Support.
This manual includes the following information that provides additional training support information.

a. Glossary. The glossary, which follows the last appendix, is a single comprehensive list of acronyms, abbreviations, definitions, and letter symbols.

b. References. This section contains two lists of references, required and related, that support training of all tasks in this Soldier's manual. Required references are listed in the conditions statement and are required for the Soldier to do the task. Related references are materials that provide detailed information and a more thorough explanation of task performance.

Chapter 2

Trainer's Guide

2-1. Readiness Requirements.
The readiness requirements are tasks that have been identified by the MOS-specific proponent at the Medical Center of Excellence as essential for preparing Soldiers for deployment. The readiness requirements tasks are a part of the complete MOS critical performance list, but special emphasis must be put on these tasks to ensure the Soldiers are obtaining the skills crucial to missions that contribute to lethality. The readiness requirements tasks are identified in each MOS. The task title, appropriate skill level, frequency of training, and training location are also provided. The tasks can be tracked for individual or unit accountability. The readiness requirements tasks can be used as an individual or collective training assessment tool for preparing and sustaining Soldier's skills.

2-2. General.
The MOS training plan 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 MOS training plan should be used as a guide—not a rigid standard—for conducting unit training. The MOS training plan consists of two parts. Each part is designed to assist the commander in preparing a unit training plan that satisfies integration, cross-training, training-up, and sustainment training requirements for Soldiers in the MOS. The MOS training plan 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:

- **Subject Area.** This column lists the subject area number and title.

- **Task Number.** This column lists the task numbers for all tasks included in the subject area.

- **Title.** This column lists the task title for each task in the subject area.

- **Training Location.** This column identifies the training location and how the training is distributed to the Soldier (institutional, operational, or self-development). This STP uses codes to define the environments where training takes place. For example, if the task is first trained to standard in the unit, the abbreviation for operational (also known as OP) will be in this column. Table 2-1 contains a list of training locations and their brevity codes.

Table 2-1. Training locations

INST	Institutional
OP	Operational
S-D	Self-Development

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

Table 2-2. Sustainment training frequency codes

AN	Annually
SA	Semi-Annually
MO	Monthly

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

2-3. Duty Position Training Requirements.
Table 2-3 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.** This column lists the duty positions of the MOS, by skill level, which have different training requirements.

- **Subject Area.** This column lists, by numerical key, the subject areas a Soldier must be proficient in to perform in that duty position.

- **Cross-Train.** This column lists the recommended duty position for which Soldiers should be cross-trained.

- **Train-up/Merger.** This column lists the corresponding duty position for the next higher skill level or MOS code the Soldier will merge into on promotion.

Table 2-3. Duty position training requirements

Skill Level	Duty Position	Subject Areas	Cross-Train	Train-up/Merger
RR				
1	Pharmacy Specialist	1-7	N/A	Pharmacy SGT
2	Pharmacy Sergeant	8-10	N/A	Pharmacy NCO
3	Pharmacy NCO	11-12	N/A	Pharmacy NCO
4	Pharmacy NCO	13	N/A	Senior Pharmacy NCO
5	Senior Pharmacy NCO	14	N/A	N/A
Legend: NCO = noncommissioned officer SGT = sergeant RR = readiness requirements				

2-4. Critical Tasks List.

MOS TRAINING PLAN

CRITICAL TASKS

Table 2-4 cross-references each task in all skill levels for a specific MOS with training location, sustainment training frequency, and sustainment training skill level.

Table 2-4. MOS training plan

Task Number	Title	Location	Frequency	Skill Level
Readiness Requirements				
Subject Area 1: Inpatient Pharmacy				
081-68Q-0014	Process a Unit Dose Order	INST	AN	1-5
081-68Q-0016	Prepare a Compound Pharmaceutical	INST	AN	1-5
081-68Q-0021	Process a Sterile Product Order	INST	AN	1-5
081-68Q-0025	Maintain an Aseptic Work Environment in a Sterile Product Area	INST	AN	1-5
081-68Q-0089	Prepare Sterile Intravenous Products	INST	AN	1-5
081-68Q-0040	Maintain Emergency Medication Trays and Crash Carts	INST	AN	1-5
Subject Area 2: Outpatient Pharmacy				
081-68Q-0010	Issue Controlled Substance from a Vault	INST	AN	1-5
081-68Q-0028	Process Outpatient Prescriptions	INST	AN	1-5
081-68Q-0001	Screen a Prescription	INST	AN	1-5
081-68Q-0034	Inventory Controlled Substances	INST	AN	1-5
081-68Q-0035	Post Debits or Credits on Controlled Substance Stock Records	INST	AN	1-5
Subject Area 3: Pharmacy Program				
081-68Q-4001	Manage Pharmacy Security Programs	S-D	AN	4-5

Table 2-4. MOS training plan, continued

Task Number	Title	Location	Frequency	Skill Level
Subject Area 4: Support Pharmacy				
081-68Q-0009	Process Bulk Drug Orders	INST	AN	1-5
081-68Q-0019	Manage the Receipt of Pharmacy Supplies and Materials	INST	AN	1-5
081-68Q-0053	Order Pharmacy Supplies and Materials	INST	AN	1-5
081-68Q-0065	Process the Turn-In of Excess or Expired Noncontrolled Pharmaceuticals	INST	AN	1-5
081-68Q-2013	Maintain Medical Materiel Quality Control Message Log	OP	AN	2-5
081-68Q-0038	Process the Turn-In of Excess or Expired Controlled Pharmaceuticals	INST	AN	1-5
081-68Q-0088	Maintain Pharmacy Cold Chain Management	INST	AN	1-5
081-68Q-2014	Manage Pharmacy Temperature Sensitive Medical Products	OP	AN	2-5
Skill Level 1				
Subject Area 5: Inpatient Pharmacy				
081-68Q-0015	Manage Inpatient Medication Profiles	INST	AN	1-5
081-68Q-0016	Prepare a Compound Pharmaceutical	INST	AN	1-5
081-68Q-0021	Process a Sterile Product Order	INST	AN	1-5
081-68Q-0025	Maintain an Aseptic Work Environment in a Sterile Product Area	INST	AN	1-5
081-68Q-0089	Prepare Sterile Intravenous Products	INST	AN	1-5
081-68Q-0014	Process a Unit Dose Order	INST	AN	1-5

Table 2-4. MOS training plan, continued

Task Number	Title	Location	Frequency	Skill Level
081-68Q-0040	Maintain Emergency Medication Trays and Crash Carts	INST	AN	1-5
Subject Area 6: Outpatient Pharmacy				
081-68Q-0001	Screen a Prescription	INST	AN	1-5
081-68Q-0035	Post Debits or Credits on Controlled Substance Stock Records	INST	AN	1-5
081-68Q-0028	Process Outpatient Prescriptions	INST	AN	1-5
081-68Q-0055	Perform Preventive Maintenance Checks and Services on Pharmacy Equipment	INST	AN	1-5
081-68Q-0068	Process Pharmaceutical Returns to Stock	INST	AN	1-5
081-68Q-0070	Process Self-Care and Over-the-Counter Pharmaceuticals	INST	AN	1-5
081-68Q-0074	Perform a Prescription Transfer	INST	AN	1-5
081-68Q-0034	Inventory Controlled Substances	INST	AN	1-5
081-68Q-0010	Issue Controlled Substance From a Vault	INST	AN	1-5
081-68Q-0071	Manage Pharmaceutical Documents	INST	AN	1-5
081-68Q-0072	Process Prepackage Pharmaceuticals	INST	AN	1-5
Subject Area 7: Support Pharmacy				
081-68Q-0060	Calculate Pharmaceutical Stock Levels	INST	AN	1-5
081-68Q-0063	Pack Pharmaceuticals Supplies for Deployment	INST	AN	1-5
081-68Q-0065	Process the Turn-In of Excess or Expired Noncontrolled Pharmaceuticals	INST	AN	1-5

Table 2-4. MOS training plan, continued

Task Number	Title	Location	Frequency	Skill Level
081-68Q-0067	Restock Pharmaceutical Dispensing Systems	INST	AN	1-5
081-68Q-0073	Initiate Medical Materiel Complaints	INST	AN	1-5
081-68Q-0088	Maintain Pharmacy Cold Chain Management	INST	AN	1-5
081-68Q-0009	Process Bulk Drug Orders	INST	AN	1-5
081-68Q-0019	Manage the Receipt of Pharmacy Supplies and Materials	INST	AN	1-5
081-68Q-0038	Process the Turn-In of Excess or Expired Controlled Pharmaceuticals	INST	AN	1-5
081-68Q-0033	Conduct Medication Use Area Inspections	INST	AN	1-5
081-68Q-0053	Order Pharmacy Supplies and Materials	INST	AN	1-5
081-68Q-0069	Recover Unusable Pharmaceuticals	INST	AN	1-5
Skill Level 2				
Subject Area 8: Inpatient Pharmacy				
081-68Q-2003	Evaluate a Completed Unit Dose Order	OP	AN	2-5
081-68Q-2004	Evaluate a Completed Sterile Products Order	OP	AN	2-5
081-68Q-2005	Evaluate a Completed Compounded and Prepackaged Pharmaceutical	OP	AN	2-5
Subject Area 9: Outpatient Pharmacy				
081-68Q-2000	Evaluate a Completed Prescription	OP	AN	2-5
081-68Q-2002	Maintain Pharmacy Administrative Files	OP	AN	2-5

Table 2-4. MOS training plan, continued

Task Number	Title	Location	Frequency	Skill Level
081-68Q-2001	Prepare Adverse Drug Reports	OP	AN	2-5
Subject Area 10: Support Pharmacy				
081-68Q-2016	Create Master Formula Batch Sheet	OP	BA	2-5
081-68Q-2006	Manage Hazardous Communication Program	OP	AN	2-5
081-68Q-2007	Maintain a Hospital Formulary	OP	AN	2-5
081-68Q-2008	Evaluate a Completed Controlled Pharmaceutical Order	OP	AN	2-5
081-68Q-2013	Maintain Medical Materiel Quality Control Message Log	OP	AN	2-5
081-68Q-2014	Manage Pharmacy Temperature Sensitive Medical Products	OP	AN	2-5
081-68Q-2015	Evaluate a Completed Bulk Drug Order	OP	AN	2-5
Skill Level 3				
Subject Area 11: Outpatient Pharmacy				
081-68Q-3000	Plan a Field Pharmacy Layout	INST	AN	3-5
081-000-3005	Manage Competency Assessment Folders	OP	AN	3-5
081-68Q-3001	Prepare Pharmacy Work Load Reports	OP	AN	3-5
081-68Q-3002	Maintain Pharmacy Computer Systems	OP	AN	3-5
081-68Q-3004	Manage Hand Receipt on Pharmacy Equipment	INST	AN	3-5

Table 2-4. MOS training plan, continued

Task Number	Title	Location	Frequency	Skill Level
Skill Level 4				
Subject Area 12: Pharmacy Program				
081-68Q-4002	Manage Pharmacy Safety Programs	S-D	AN	4-5
081-68Q-4003	Conduct Pharmacy Staff Assistance Visits, Inspections, or Audits	S-D	AN	4-5
081-68Q-4004	Manage Pharmacy In-Service Training Programs	S-D	AN	4-5
081-68Q-4001	Manage Pharmacy Security Programs	S-D	AN	4-5
Subject Area 13: Support Pharmacy				
081-68Q-4000	Manage Pharmacy Equipment Maintenance Contracts	OP	AN	4-5
Skill Level 5				
Subject Area 14: Pharmacy Program				
081-68Q-5000	Manage the Pharmacy Emergency Preparedness Program	S-D	AN	5
Legend: AN annually INST Institutional SA semi-annually BA biannual OP Operational S-D Self-Development				

Chapter 3

Skill Level Tasks

Readiness Requirements

Subject Area 1: Inpatient Pharmacy

Process a Unit Dose Order

081-68Q-0014

Conditions: You are working in an inpatient pharmacy and receive a previously screened unit dose order. The pharmacy specialist must process a unit dose order. Given requested medication, formulary, medication reference materials, computer, printer, labels, auxiliary labels, DA Form 4256 (*Doctor's Orders*), AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Process a unit dose order in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Obtain a Cart List.

NOTE: The cart list is the list of medications from the patient's active inpatient profile. Controlled substances and intravenous fluids will not be delivered.

    a. Run Cart List Report prior to filling the cart.
    b. List contains the medication strength.
    c. List contains the directions.
    d. List contains the calculated quantity to be delivered.

2. 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 (such as, oral liquid syringes), repackage the medication and label with appropriate name, strength, quantity, lot number, and expiration date.

3. Check the medication (unit dose packaging) against the original order (new orders).

4. Ensure the medication is not expired or mixed.

5. Place the medication in a suitable package for delivery to the ward.

6. Properly affix the label to the package.

7. Initial documents when complete.
    a. The prepared label.
    b. Unit dose cart list.

8. Place the medication in the patient's drawer (if your facility does not have automation).
    a. Label with patient's name.
    b. Label with patient's ward number.
    c. Label with patient's bed number.

9. Set aside the completed order to be checked prior to delivery.

10. Take the patient's labeled unit dose medication to the unit.

11. Locate the nurse medication storage area.

12. Replenish medications in the drawers on the nurse medication storage area.

NOTE: Steps 10-12 are only if the facility does not have automation. If the facility has automation, after step 9 the Soldier will take the packages to the wards and place the items in their respective locations.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Obtained a Cart List.	_____	_____
2	Selected the correct drug formulation (in unit dose packaging).	_____	_____
3	Checked the medication (unit dose packaging) against the original order (new orders).	_____	_____
4	Ensured the medication was not expired or mixed.	_____	_____
5	Placed the medication in a suitable package for delivery to the ward.	_____	_____
6	Properly affixed the label to the package.	_____	_____
7	Initialed documents when completed.	_____	_____
8	Placed the medication in the patient's drawer (if your facility does not have automation).	_____	_____
9	Set aside the completed order to be checked prior to delivery.	_____	_____
10	Took the patient's labeled unit dose medication to the unit.	_____	_____
11	Located the nurse medication storage area.	_____	_____
12	Replenished medications in the drawers on the nurse medication storage area.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
DA Form 4256. *Doctor's Orders*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Prepare a Compound Pharmaceutical
081-68Q-0016

Conditions: You are in an operational environment. The pharmacy specialist must prepare a compound pharmaceutical in the pharmacy department. Given DD Form 1289 (*DOD Prescription Form*) or equivalent, AR 40-3, TC 8-260, a local master formula card, manufacturing log, batch sheets, standard compounding equipment, and local standard operating procedures.

Standards: Prepare a compound pharmaceutical in according with AR 40-3 and local standard operating procedure with 100% accuracy using GO/NO GO criteria.

Performance Steps:

    1. Read the pharmacy local master formula card.

NOTE: A local master formula card, also known as a recipe card, is an official formula card for varied products manufactured in a pharmacy. A local 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. Complete a batch sheet.

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

        a. Manufacturer.
        b. Lot number.
        c. Expiration date.
        d. Compounder's initials.

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. Perform drug preparation calculations.

    5. Weigh or measure the ingredients.

    6. Compound the ingredients in accordance with local master formula card.

    7. Weigh or measure the finished product.

    8. Package the finished product.

    9. Label the container in which the compounded product is stored.

a. Full name used in accordance with local master formula card.

b. Local lot number.

c. Expiration date.

d. Quantity (by weight or volume).

e. Auxiliary labels.

10. Update the manufacturing log.

a. Name of medication.

b. Strength of medication.

c. Expiration date.

d. Theoretical yield.

e. Actual yield.

f. Date.

g. Local control number.

11. Check the completed product.

12. Store the item for distribution in accordance with local master formula card.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Read the pharmacy local master formula card.	_____	_____
2	Gathered the ingredients.	_____	_____
3	Completed a batch sheet.	_____	_____
4	Performed drug preparation calculations.	_____	_____
5	Weighed or measured the ingredients.	_____	_____
6	Compounded the ingredients in accordance with local master formula card.	_____	_____
7	Weighed or measured the finished product.	_____	_____
8	Packaged the finished product.	_____	_____
9	Labeled the container in which the compounded product was stored.	_____	_____
10	Updated the manufacturing log.	_____	_____
11	Checked the completed product.	_____	_____
12	Stored the item for distribution in accordance with local master formula card.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
DD Form 1289. *DOD Prescription Form*.
TC 8-260. *Pharmacy Specialist*.

    Related
None

Process a Sterile Product Order

081-68Q-0021

Conditions: You are working in the pharmacy sterile products section and receive a sterile products order to be filled. The pharmacy specialist must process a sterile product order. Given a formulary or drug list, medication reference materials, DA Form 4256 (*Doctor's Orders*) or electronic equivalent, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Process a sterile product in accordance with AR 40-3 and local standard operating procedures with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Check the sterile product order.
   a. Patient's name.
   b. Patient's social security number or Department of Defense Identification number.
   c. Patient care area.

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, or the patient.

2. Determine the priority of the sterile product order.
   a. Stat.
   b. Now.
   c. Routine.

3. Check the sterile product order for completeness.
   a. Name of the medication.
   b. Strength of the medication.
   c. Dose.
   d. Route of administration.
   e. Schedule (times of administration).

NOTE: The physician may annotate "as needed" at the end of the signature line; however, this must be followed by the conditions under which the "as needed" order is to be given (that is, as needed for pain or as needed for nausea and vomiting).

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

   f. Name of base solution, if applicable.
   g. Strength of base solution, if applicable.
   h. Volume of base solution, if applicable.
   i. Signature of requesting physician.

4. Check the order against the patient profile.
   a. Allergies.

NOTE: Ensure patient does not have a latex allergy.

      b. Drug interactions.

      c. Contraindications.

      d. Preexisting conditions.

      e. Correct dosage.

      f. Diagnosis.

  5. Check the order against existing sterile product orders administered via the same route to ensure compatibility.

  6. Consult the appropriate medical personnel concerning any discrepancies.

      a. Supervising pharmacist.

      b. Ward personnel (registered nurse).

      c. Ordering physician or another authorized prescriber.

NOTE: Ensure discrepancies that result in potential patient therapy delays are communicated immediately.

NOTE: Potential medication errors noted in the screening process will be reported.

  7. Forward the sterile product order for preparation.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Checked the sterile product order.	_____	_____
2 Determined the priority of the sterile product order.	_____	_____
3 Checked the sterile product order for completeness.	_____	_____
4 Checked the order against the patient profile.	_____	_____
5 Checked the order against existing sterile product orders administered via the same route to ensure compatibility.	_____	_____
6 Consulted the appropriate medical personnel concerning any discrepancies.	_____	_____
7 Forwarded the sterile product order for preparation.	_____	_____

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

AR 40-3. *Medical, Dental, and Veterinary Care*.
DA Form 4256. *Doctor's Orders*.
TC 8-260. *Pharmacy Specialist*.

Related

None

Maintain an Aseptic Work Environment in a Sterile Product Area
081-68Q-0025

Conditions: You are working in the pharmacy sterile products section and are responsible for maintaining an aseptic work environment suitable for the preparation of sterile products. Given handwashing facilities, iodophor-based soap, a laminar airflow hood (LAFH), water soluble disinfectant, 4x4 gauze, 70% isopropyl alcohol, latex-free gloves, access to the United States Pharmacopeia 797 Pharmaceutical Compounding-Sterile Preparation website, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Maintain an aseptic work environment in a sterile product area in accordance with United States Pharmacopeia 797, while adhering to all performance steps with 100% accuracy, utilizing GO/NO GO criteria.

Performance Steps:

1. Run the LAFH for no less than 30 minutes prior to cleaning.

2. Inspect personnel for rashes, sunburn, weeping sores, conjunctivitis, and respiratory infections.

NOTE: Personnel experiencing any of these conditions are at risk for contamination of the sterile environment and are prohibited from entering beyond the buffer area.

3. Remove outer clothing garments and jewelry prior to entering the buffer area.

NOTE: Such garments items include: coats, hats, scarves, sweaters, vests, rings, watches, earrings, and facial piercings.

4. Ensure the removal of cosmetics to prevent the shedding or flaking of particles.

5. Ensure nails are neatly trimmed and free from polish.

NOTE: The wearing of artificial nails is prohibited.

6. Don personal protective equipment in appropriate sequence.

NOTE: The personal protective equipment shall be donned in an order that proceeds from those activities considered the dirtiest to those considered the cleanest. The gown can be reused during a work shift if it is not visibly soiled, but the shoe covers, face masks, head covers, eye shield, and gloves must be replaced with new ones before reentering the sterile compounding area.

    a. Don shoe covers.
    b. Don the head cover.
    c. Don the face mask.

NOTE: Males will don a beard cover in addition to face mask.

    d. Don eye shield.

7.   Perform appropriate handwash techniques.

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.

     a.   Remove debris from underneath the fingernails with a nail cleaner under warm water.

     b.   Wash hands with non-antimicrobial or antimicrobial soap for at least 30 seconds.

NOTE: The use of antimicrobial brushes is not recommended because it can cause skin damage or irritation.

     c.   Clean each finger in a downward motion.

     d.   Clean each hand and forearm using a downward circular motion.

     e.   Rinse hands and arms thoroughly with the water runoff at the elbow.

     f.   Dry each arm in a patting motion with lint-free towels.

8.   Don the remaining personal protective equipment in the buffer area.

     a.   Don the gown.

NOTE: Gowns should fit snuggly around the wrists and enclosed at the neck. It is recommended that the gowns are disposable, but if only reusable gowns available, they must be laundered appropriately.

     b.   Don sterile gloves.

NOTE: Inspect the gloves for holes, punctures, or tears and replace immediately if needed. Gloves become contaminated when they contact nonsterile surfaces during compounding activities. Disinfection of contaminated gloved hands can be accomplished by wiping or rubbing 70% isopropyl alcohol to all contact surface areas of the gloves and letting the gloves air-dry.

9.   Clean the LAFH.

NOTE: The LAFH should be cleaned with a sterile water followed by a water-soluble disinfectant. The hood should be cleaned from back to front, clean to dirty, utilizing lint-free wipes.

     a.   Remove everything from the interior of the hood.

     b.   Wipe the top and bottom of the hanger bar.

NOTE: Begin with wiping the top side of the hanger bar and then the underside of the bar from one side of the LAFH to the other, ensuring the entire bar was disinfected.

     c.   Clean the side panels from top to bottom and rear to front.

NOTE: Be sure to use a new clean wipe with each section that is cleaned while ensuring the entire surface is disinfected.

     d.   Clean the grill of the LAFH.

NOTE: Be sure never to spray the cleaning agent directly on the grill as it can damage the high efficiency particulate air filter.

    10. Annotate the cleaning of the LAFH on the cleaning log sheet.

NOTE: Be sure to annotate the date, the time, and the initials of who cleaned it on the log.

    11. Replace the prefilters in accordance with the manufacturer's recommendations (usually monthly).

NOTE: Some LAFHs do not have prefilters.

     a.   Remove the prefilter cover and lay it aside.
     b.   Replace the prefilter.

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

     c.   Ensure the arrow on the prefilter is pointing in the direction of the desired airflow.
     d.   Replace the prefilter cover.
     e.   Annotate the date of the prefilter change on the LAFH cleaning log.

    12. Ensure the buffer area maintains a class 7 International Organization of Standardization (positive pressure).

    13. Ensure the compounding area maintains a class 5 International Organization of Standardization.

    14. Ensure the LAFH is certified semiannually.

NOTE: Certification is performed by an independent agency and not by pharmacy personnel. The annual certification of the LAFH is done to ensure the integrity of the high efficiency particle air filter.

     a.   Conduct air sampling.
     b.   Annotate the readings of the pressure gauge during every work shift.

NOTE: The pressure gauge is used to determine the airflow between the buffer area and the ante-area.

     c.   Schedule engineering control performance verification with qualified personnel.

NOTE: The verification will also need to be performed whenever the device or room has been relocated or altered.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Ran the LAFH for no less than 30 minutes prior to cleaning.	_____	_____
2 Inspected personnel for rashes, sunburn, weeping sores, conjunctivitis, and respiratory infections.	_____	_____
3 Removed outer clothing garments and jewelry prior to entering the buffer area.	_____	_____
4 Ensured the removal of cosmetics to prevent the shedding or flaking of particles.	_____	_____
5 Ensured nails were neatly trimmed and free from polish.	_____	_____
6 Donned personal protective equipment in appropriate sequence.	_____	_____
7 Performed appropriate handwash techniques.	_____	_____
8 Donned the remaining personal protective equipment in the buffer area.	_____	_____
9 Cleaned the LAFH.	_____	_____
10 Annotated the cleaning of the LAFH on the cleaning log sheet.	_____	_____
11 Replaced the prefilters in accordance with the manufacturer's recommendations (usually monthly).	_____	_____
12 Ensured the buffer area maintained a class 7 International Organization of Standardization (positive pressure).	_____	_____
13 Ensured the compounding area maintained a class 5 International Organization of Standardization.	_____	_____
14 Ensured the LAFH was certified semiannually.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> TC 8-260. *Pharmacy Specialist*.
> United States Pharmacopeia 797 Pharmaceutical Compounding-Sterile Preparation
>   website.

> **Related**
> None

Prepare Sterile Intravenous Products

081-68Q-0089

Conditions: You are in an operational environment and have been tasked to prepare sterile intravenous (IV) products. The pharmacy specialist will need a pen, notepad, completed IV label, laminar airflow hood, 18 gauge needles, filter needles, sterile gauze, isopropyl rubbing alcohol, syringe caps, tamper resistant seals, minibag plus, syringes, the prescribed medications with diluent solutions, alcohol wipes, AR 40-3, TC 8-260, access to the United States Pharmacopeia 797 Pharmaceutical Compounding-Sterile Preparation website, *Pediatric Injectable Drugs (The Teddy Bear Book)*, and local standard operating procedures.

Standards: Prepare sterile IV products in accordance with the United States Pharmacopeia 797 website while adhering to all performance steps with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Screen the sterile product label for accuracy against the order from the prescribing physician.
    a. Patient's full name.
    b. Last four numbers of the sponsor's social security number (or Department of Defense Identification number).
    c. Assigning ward or clinic of the patient.
    d. Prescribing physician or nurse.
    e. Bed number (if applicable).
    f. Prescription number.
    g. Name and strength of the prescribed pharmaceutical.
    h. Name and volume of the base solution (if applicable).

NOTE: Some IV products will not require a base solution to be administered (for example, syringe, IV push, and patient-controlled analgesia).

    i. Rate of infusion (if applicable).

NOTE: If necessary, document the information into the patient's electronic health record (see figures 3-1 and 3-2 on page 3-15).

KEEP IN REFRIGERATOR

DUE: 1200 24Jan**	℞ 10815	DO NOT USE AFTER : 1000 25Jan**

PATIENT: John Richards -6345	WARD 9W

20 mEq Potassium Chloride

1000 ml Normal Saline

Administer at 125 ml/hr

1000 24 Jan **

DR. Godville	FLOW RATE: DROPS/MIN	PREPARED BY: gbw

Figure 3-1. Example of a prescription label

KEEP IN REFRIGERATOR

DUE: 1400 24Jan**	℞ 34554	DO NOT USE AFTER : 1200 25Jan**

PATIENT: Maritza Fernandez -287?	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 3-2. Example of an IV piggyback prescription label

     j.   Times of administration.

NOTE: Compare the administration times with the IV order to verify if multiple IVs will need to be made for the patient.

     k.   Expiration date and time of the prescription.

  2. Arrange orders for preparation.

     a.   By time sequence (earliest due first).

NOTE: Orders that have been identified as stat must be made immediately and delivered to the corresponding ward or clinic for administration.

    b. By ease of preparation.

  3. Perform calculations to determine the amount of medication to be added.

NOTE: Calculations are performed using ratios of the medication you are using and solving for X. When performing calculations for pediatric patients, you must factor in the weight of the child using the milligram (mg) per kilogram (kg) ratio (1kg = 2.2 pounds).

  4. Gather the required pharmaceuticals and materials needed to make the sterile product.
    a. Inspect supplies for damage or tampering.

NOTE: Do not use any equipment or pharmaceuticals that appear damaged or tampered.

    b. Inspect pharmaceuticals and solutions.
        (1) Inspect for particulate matter.
        (2) Inspect for evidence of growth.
        (3) Inspect for discoloration or alteration of appearance.
        (4) Inspect for tears, leaks, or cracks.

  5. Conduct proper handwashing techniques.

  6. Don appropriate mask, gloves, and over garments prior to entering the sterile room.

  7. Clean the laminar airflow hood in accordance with United States Pharmacopeia 797 website guidelines.

NOTE: Blocking the airflow destroys the validity of the laminar flow. Arrange articles in the hood to prevent clean air from washing over a dirty object (shadowing) and contaminating cleaned articles already in the hood. Minimize shadowing throughout the preparation process.

  8. Place initials, date, and time on the cleaning log.

  9. Wipe off all components with 70% isopropyl alcohol prior to placement into the laminar airflow hood.

  10. Prepare ampules for IV solutions.
    a. Grasp the tip of the glass ampule with a gauze and apply pressure to snap the top of the ampule.

NOTE: When breaking off the tip of the ampule, be sure to snap the glass away yourself and away from the high efficiency particulate air filter of the hood.

    b. Use a filter needle when drawing medication into the syringe.

NOTE: The filter needles prevent pieces of glass from the ampule from getting into the IV.

    c. Replace the filter needle with a regular needle for injection.

d. Wipe the port of the IV solution in an outward motion with a gauze soaked in isopropyl alcohol.

e. Enter the port of the IV solution with the needle without shadowing.

NOTE: Be sure to insert the needle without puncturing the solution bag.

f. Inject the contents of the syringe into the IV solution without spilling it.

g. Place a tamper resistant seal on the port of the solution.

11. Prepare vials for IV solutions.

a. Remove the plastic top or seal from the vial.

b. Wipe the port of the vial and the IV solution in an outward motion with an isopropyl alcohol pad.

NOTE: Be sure to wipe down the rubber stopper of the vial with isopropyl alcohol every time you enter it with a syringe. Reconstitute the vial (if applicable).

NOTE: Some vials will come in powder form and will need to be reconstituted. Read the instructions on the label and determine the amount and type of diluent to be added to the solution. Ensure the reconstituted vial is free from particulate matter, prior to use.

c. Attach the needle to the syringe.

d. Pull the plunger of the syringe back slightly to allow air to fill a portion of the syringe.

NOTE: Injecting air into the vial eliminates the vacuum effect and makes it easier to withdraw the medication from the vial.

e. Insert the needle of the syringe at an angle with the bevel pointed upward without shadowing.

f. Squeeze the air of the syringe into the vial and withdraw the fluid while pulling the plunger back to the desired amount.

g. Insert the needle into the port of the IV solution after wiping with isopropyl alcohol.

h. Inject the contents of the syringe into the IV solution without spilling it.

i. Place a tamper resistant seal on the port of the solution.

12. Prepare an add-a-vial IV solutions.

a. Remove the cap or seal of the vial of medication.

b. Wipe the port of the vial in an outward motion with a gauze soaked in isopropyl alcohol.

c. Remove the add-a-vail seal by pulling the tab from the base covering.

NOTE: Once the tab has been removed, a spike will be revealed that will attach to the vial.

d. Insert the spike of the port into the vial of medication and twist the vial clockwise until it snaps into place.

13. Prepare the IV syringes.

a. Attach a needle to the desired syringe.

NOTE: The syringe size will be determined by the total volume or the syringe that needs to be made.

      b. Pull the plunger of the syringe back and fill the syringe slightly with air.

      c. Insert the needle of the syringe into the vial with the bevel side up without shadowing.

      d. Squeeze the air of the syringe into the vial and withdraw the fluid while pulling the plunger back to the desired amount.

      e. Remove the needle from the syringe.

NOTE: If another medication or diluent is needed, you will need to replace the needle with a new one and withdraw the additional solution or diluent to the desired amount.

      f. Place a syringe cap on the tip of the syringe.

  14. Inspect the sterile product for physical changes or particulate matter.

  15. Annotate the amount of medication that was added to the solution in milliliters on the label.

NOTE: When annotating the medication for syringes, include the medication and the solution name.

  16. Place initials on the IV label.

  17. Place the label on the IV container.

NOTE: When labeling sterile products be careful not to cover the graduated markings on the container. Place labels on intravenous solutions upside down.

  18. Place the IV product, used vials, syringes, and the physician's order aside to be verified by pharmacist or other authorized medical personnel.

NOTE: Be sure to pull the plunger of the syringe back to indicate the amount of additive that was used in the IV and identify specific storage requirements (such as, short expiration, refrigeration, no refrigeration, and light sensitivity) if applicable.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Screened the sterile product label for accuracy against the order from the prescribing physician.	_____	_____
2	Arranged orders for preparation.	_____	_____
3	Performed calculations to determine the amount of medication to be added.	_____	_____
4	Gathered the required pharmaceuticals and materials needed to make the sterile product.	_____	_____

Performance Measures:		GO	NO GO
5	Conducted proper handwashing techniques.	_____	_____
6	Donned appropriate mask, gloves, and over garments prior to entering the sterile room.	_____	_____
7	Cleaned the laminar airflow hood in accordance with United States Pharmacopeia 797 website guidelines.	_____	_____
8	Placed initials, date, and time on the cleaning log.	_____	_____
9	Wiped off all components with 70% isopropyl alcohol prior to placement into the laminar airflow hood.	_____	_____
10	Prepared ampules for IV solutions.	_____	_____
11	Prepared vials for IV solutions.	_____	_____
12	Prepared an add-a-vial IV solutions.	_____	_____
13	Prepared the IV syringes.	_____	_____
14	Inspected the sterile product for physical changes or particulate matter.	_____	_____
15	Annotated the amount of medication that was added to the solution in milliliters on the label.	_____	_____
16	Placed initials on the IV label.	_____	_____
17	Placed the label on the IV container.	_____	_____
18	Placed the IV product, used vials, syringe, and the physician's order aside to be verified by a pharmacist or other authorized medical 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
AR 40-3. *Medical, Dental, and Veterinary Care*.
Pediatric Injectable Drugs (The Teddy Bear Book).
TC 8-260. *Pharmacy Specialist*.
United States Pharmacopeia 797 Pharmaceutical Compounding-Sterile Preparation
    website.

Related
None

Maintain Emergency Medication Trays and Crash Carts
081-68Q-0040

Conditions: You receive an incomplete emergency medication tray or crash cart from a ward, clinic, or central material supply. The pharmacy specialist must maintain emergency medication trays or crash carts. Given medications, the component inventory listing for the tray or cart to be restocked, labels, a date stamp, AR 40-3, AR 190-51, TC 8-260, and local standard operating procedure.

Standards: Maintain emergency medication trays and crash carts in accordance with AR 40-3 and local standard operating procedure.

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 replaced.

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 cart expiration date 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 the component is checked.

7. Ensure the label is initialed by an authorized second source.

8. Seal the tray or crash cart with tamper evident alert device.

NOTE: Tamper evident alert device may include shrink wrap, breakaway 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.

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.

NOTE: The requesting activity is the activity that turned in the tray or cart for restock or the central material supply.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Inventoried the tray based on locally determined component inventory list.	_____	_____
2	Replaced missing, expired, and compromised drugs.	_____	_____
3	Recorded the items replaced.	_____	_____
4	Labeled the outside of the tray or crash cart with the appropriate expiration date.	_____	_____
5	Initialed the label or approved log.	_____	_____
6	Ensured the component was checked.	_____	_____
7	Ensured the label was initialed by an authorized second source.	_____	_____
8	Sealed the tray or crash cart with tamper evident alert device.	_____	_____
9	Returned the component to central material supply or the pharmacy holding area for disposition.	_____	_____
10	Recorded work units by generating a bulk drug order.	_____	_____

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
    AR 40-3. *Medical, Dental, and Veterinary Care*.
    AR 190-51. *Security of Unclassified Army Resources (Sensitive and Nonsensitive)*.
    TC 8-260. *Pharmacy Specialist*.

    Related
    None

Subject Area 2: Outpatient Pharmacy
Issue Controlled Substance from a Vault
081-68Q-0010

Conditions: You are in an operational environment. The pharmacy specialist will issue a completed order for a controlled substance to another medical unit, ward, or clinic pharmacy. Given DD Form 1289 (*DOD Prescription Form*), DA Form 3862 (*Controlled Substances Stock Record*), DA Form 3949 (*Controlled Substances Record*), or electronic equivalent, AR 40-3, TC 8-260, a pen, writing pad, and local standard operating procedure.

Standards: Issue controlled substance from a vault in accordance with AR 40-3 and local standard operating procedure with 100% accuracy using GO/NO GO criteria.

Performance Steps:

1. Ensure authorized receipt of the correct medication to the requesting facility.

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

2. Post all required information to DA Form 3949 or official electronic equivalent.

NOTE: Official electronic equivalent systems will be used in place of manual systems where available. All required information will be input in accordance with local standard operating procedure.

    a. All manual entries will be made in ink.
    b. Record the day of receipt in the designated blocks.
    c. Record the hour of receipt in the designated blocks.
    d. Write "Pharmacy Issue" in the "patient's name" column.
    e. Record the prescription number in the "ordered by" column.
    f. Record the amount of drug issued in the "receipts" column.
    g. Record the new balance in the "balance" column.
    h. Enter pharmacy representative's signature in the "administered by" column.

3. The authorized person acknowledges receipt of the medication on DA Form 3949 or electronic equivalent.

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

    a. Place initials in "expenditures" column on same line made by the pharmacy representative.
    b. Sign request slip.

NOTE: Request slip will be a DD Form 1289 if ordered manually, or computer printout, if ordered electronically.

4. Return the signed prescription or electronic request to the pharmacy vault of origin for posting to the DA Form 3862 or electronic equivalent.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Ensured authorized receipt of the correct medication to the requesting facility.	_____	_____
2 Posted all required information to DA Form 3949 or official electronic equivalent.	_____	_____
3 The authorized person acknowledged receipt of the medication on DA Form 3949 or electronic equivalent.	_____	_____
4 Returned the signed prescription or electronic request to the pharmacy vault of origin for posting to the DA Form 3862 or electronic equivalent.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
DA Form 3862. *Controlled Substances Stock Record*.
DA Form 3949. *Controlled Substances Record*.
DD Form 1289. *DOD Prescription Form*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Process Outpatient Prescriptions
081-68Q-0028

Conditions: You are in a medical operational environment working in the outpatient pharmacy. The pharmacy specialist has received outpatient prescriptions from a patient or an electronic prescription that must be processed. Given a DD Form 1289 (*DOD Prescription Form*), AF 781 (*Multiple Item Prescription*), or civilian equivalent prescription, pen, computer with printer, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Process an outpatient prescription in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Greet the patient.

2. Verify the patient's identity.

NOTE: Use the two-patient identifier or most current regulatory guidance to confirm the identity of the patient.

3. Update patient drug allergies in the patient electronic health record (if applicable).

NOTE: If the patients state they have drug or food allergies, verify the medication prescribed with the *Drug Information Handbook* or approved online equivalent.

4. Screen prescription for completeness (see task 081-68Q-0001, Screen a Prescription).

NOTE: Ensure that controlled substances are written on their own prescription form.

5. Fill prescription.
     a. Type or edit the prescription label.

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

       (1) Patient's full name.
       (2) Medication directions.

NOTE: The label directions must contain the correct action verb (such as, take, insert, and inject), the correct dosage form, route of administration, and scheduled frequency of when the medication is to be taken.

       (3) Name, strength, and quantity of the drug to be dispensed.
       (4) Refill information.

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

       (5) Prescription number.

(6)　The fill date of the prescription.

(7)　Verify the expiration date of the prescription.

NOTE: Expiration dates of noncontrolled medications are 365 days from the date it was filled or the expiration date of the stock bottle (whichever is sooner). The expiration date of controlled pharmaceuticals is based on the day the prescription was written, the authorized days' supply, and local standard operating procedures.

(8)　Physician's last name.

b. Check the label against the original prescription (new prescription).

c. Select the correct medication.

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.

(1)　Correct generic or trade name.

(2)　Correct strength.

(3)　Correct dosage form.

d. Check the medication packaging container against the prescription for accuracy.

e. Ensure the medication is not expired or mixed with other nonsimilar medications.

NOTE: Ensure medications have the exact name, strength, and manufacture is placed in the dispensing bottle.

f. Verify the correct quantity.

NOTE: A double count must be performed by two authorized medical personnel (at a minimum) prior to dispensing controlled substances.

WARNING: Medications that must be obtained quickly for life-threatening medical conditions should not be dispensed in child-resistant containers.

g. Place medication in the appropriate container for dispensing to the patient.

NOTE: Medications should be placed in child-resistant containers unless the patient or physician requests alternative packaging.

h. Place initials on the prescription label.

i. Affix the prescription label to the dispensing container.

NOTE: Avoid covering up the lot number of prepackaged medications to identify possible drug recalls.

j. Affix appropriate auxiliary label to the dispensing container without covering the prescription label.

6. Dispense medication.

a.   Ensure the prescription is verified by an authorized second source prior to dispensing.

b.   Inform the patient of the medication instructions, precautions, possible side effects, and special storage requirements (if applicable).

NOTE: Provide the patient with a patient packet insert or drug handout (if the patient wants) for additional information regarding the medication.

c.   Transfer the prescription to the patient.

NOTE: Ensure the patient signs the back of the written prescription or electronically signs for the verification receipt of controlled medications.

d.   Annotate the proper dispensing of medication to the patient in the most current electronic health record or on the appropriate locally produced dispensing or log form.

NOTE: Controlled substances dispensed to the patient must also be deducted from the controlled substance inventory.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Greeted the patient.	_____	_____
2 Verified the patient's identity.	_____	_____
3 Updated patient drug allergies in the patient electronic health record (if applicable).	_____	_____
4 Screened prescription for completeness (see task 081-68Q-0001, Screen a Prescription).	_____	_____
5 Filled prescription.	_____	_____
6 Dispensed medication.	_____	_____

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
AF 781. *Multiple Item Prescription*.
AR 40-3. *Medical, Dental, and Veterinary Care*.
DD Form 1289. *DOD Prescription Form*.
Drug Information Handbook.
TC 8-260. *Pharmacy Specialist*.

Related
None

Screen a Prescription
081-68Q-0001

Conditions: You are working in the pharmacy. A prescription is presented to the pharmacy to be filled or has been electronically entered. The pharmacy specialist must screen the prescription. Given a formulary drug list, medication reference materials, DD Form 1289 (*DOD Prescription Form*), AR 40-3, AF 781 (*Multiple Item Prescription*) or civilian equivalent prescription, TC 8-260, and local standard operating procedure.

Standards: Screen a prescription in accordance with AR 40-3 and local standard operating procedure.

Performance Steps:

1. Greet the patient.

2. Receive the prescription.

3. Verify the patient's identity in accordance with AR 40-3.

4. Check the prescription for completeness.
    a. Patient's full name.
    b. Patient's address.
    c. Patient's telephone number.
    d. Sponsor's Department of Defense identification number.
    e. Patient's age.

NOTE: Must obtain weight if the patient is 12 years or younger.

    f. Date written.
    g. Medication name.
    h. Medication strength.
    i. Medication quantity.

NOTE: On controlled substances, all civilian prescribers must use their Drug Enforcement Administration number. All controlled substances must have the quantity written and spelled out on hard copy prescriptions.

    j. Directions (signa) to the patient.
    k. Correct dosage and indication (if possible).
    l. Authorized prescriber's signature.

NOTE: The prescriber's full name, rank, branch of service, and identification number or social security number, must be printed, stamped, or typed on the hard copy prescription.

5. Check the availability of the medication against the formulary or drug list.

6. Check the dosage form against the formulary or drug list.

7. Consult the prescriber if abnormalities exist.
   a. Check for incorrect or unclear dosage or indication.
   b. Check for prescribing outside prescriber's limits.
   c. Check against locally imposed prescribing policies.
   d. Check for illegible prescriptions.
   e. Check for incomplete prescriptions.
   f. If the medication is not stocked or temporarily out of stock.

8. Inform the patient of any prescriptions that cannot be filled by the pharmacy.

9. Accept the prescription request for filling.

NOTE: Electronic prescriptions are screened in the same manner as above.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Greeted the patient.	_____	_____
2	Received the prescription.	_____	_____
3	Verified the patient's identity in accordance with AR 40-3.	_____	_____
4	Checked the prescription for completeness.	_____	_____
5	Checked the availability of the medication against the formulary or drug list.	_____	_____
6	Checked the dosage form against the formulary or drug list.	_____	_____
7	Consulted the prescriber, if abnormalities existed.	_____	_____
8	Informed the patient of any prescriptions that could not be filled by the pharmacy.	_____	_____
9	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
AF 781. *Multiple Item Prescription*.
AR 40-3. *Medical, Dental, and Veterinary Care*.
DD Form 1289. *DOD Prescription Form*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Inventory Controlled Substances
081-68Q-0034

Conditions: You are assigned to a pharmacy vault section or area that maintains controlled substances. The pharmacy specialist must inventory controlled substances. Given controlled substance medications, counting tray, spatula and graduate, AR 40-3, TC 8-260, DA Form 3862 (*Controlled Substances Stock Record*) or electronic equivalent, and local standard operating procedure.

Standards: Inventory controlled substances in accordance with local standard operating procedure.

Performance Steps:

1. Maintain a separate DA Form 3862 or electronic record for each controlled substance in stock.

NOTE: Separate records must be maintained for separate dosage forms. If using manual (paper) system, all entries will be made in ink or typed.

2. Post all receipts (supply receipts and turn-ins) to DA Form 3862 or electronic equivalent.

3. Post all expenditures to DA Form 3862 or electronic equivalent.

4. Physically count each controlled substance verifying 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 in accordance with AR 40-3.

5. Complete a DA Form 3862 or the electronic inventory print out for each controlled substance.
    a. Sign.
    b. Date.
    c. Record the amount inventoried (on hand).

6. Notify section noncommissioned officer in charge or officer in charge of any irregularities.

7. Determine the reason for irregularity prior to making adjustment.
    a. Overage.
    b. Shortage.
    c. Receipts.
    d. Prescription errors.
    e. Calculations.

8. Correct irregularities to DA Form 3862 or electronic equivalent.

NOTE: 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 on a Memorandum for Record generated by the responsible technician and signed by the officer in charge or Chief of Pharmacy.

9. Notify the Chief of Pharmacy.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Maintained a separate DA Form 3862 or electronic record for each controlled substance in stock.	_____	_____
2	Posted all receipts (supply receipts and turn-ins) to DA Form 3862 or electronic equivalent.	_____	_____
3	Posted all expenditures to DA Form 3862 or electronic equivalent.	_____	_____
4	Physically counted each controlled substance verifying that the amount on hand was the same as recorded on the DA Form 3862 or electronic equivalent.	_____	_____
5	Completed a DA Form 3862 or the electronic inventory print out for each controlled substance.	_____	_____
6	Notified section noncommissioned officer in charge or officer in charge of any irregularities.	_____	_____
7	Determined the reason for irregularity prior to making adjustment.	_____	_____
8	Corrected irregularities to DA Form 3862 or electronic equivalent.	_____	_____
9	Notified the Chief of 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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 3862. *Controlled Substances Stock Record*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Post Debits or Credits on Controlled Substance Stock Records

081-68Q-0035

Conditions: You are assigned to a pharmacy vault section or an area that maintains controlled substances. The pharmacy specialist must post debits or credits on Controlled Substance Stock Records. Given AR 40-3, TC 8-260, DD Form 1289 (*DOD Prescription Form*), DA Form 3161 (*Request for Issue or Turn-in*), DA Form 3862 (*Controlled Substances Stock Record*), and local standard operating procedures (SOPs).

Standards: Post debits or credits on controlled substance stock record in accordance with (IAW) AR 40-3 and local SOP.

Performance Steps:

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

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

  2. Complete the heading of DA Form 3862 IAW local SOP.
      a. Stock Number.
      b. Description.
      c. Unit as Received.
      d. Conversion Factor.
      e. Accountable Unit.

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

NOTE: Note R and Note Q items will be separated by a divider or kept in separate binders.

      f. All entries will be made in ink or typed.

  3. Post expenditures (prescriptions and destructions) to DA Form 3862 or electronic equivalent IAW local SOP.
      a. Date.
      b. Debit (Receipts).
      c. Debit (VO.) or Credit (RX) Number.
      d. Credit (Expenditures).
      e. Balance on Hand.

  4. Post receipts (supply receipts and turn-ins) to DA Form 3862 or electronic equivalent IAW local SOP.
      a. Date.
      b. Debit (Receipts).
      c. Debit (VO.) or Credit (RX) Number.
      d. Credit (Expenditures).
      e. Balance on Hand.

5. Correct irregularities to DA Form 3862 IAW local SOP.

NOTE: 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 Officer in Charge or Chief of Pharmacy.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Maintained a separate DA Form 3862 for each controlled item in stock IAW local SOP.	_____	_____
2 Completed the heading of DA Form 3862 IAW local SOP.	_____	_____
3 Posted expenditures (prescriptions and destructions) to DA Form 3862 or electronic equivalent IAW local SOP.	_____	_____
4 Posted receipts (supply receipts and turn-ins) to DA Form 3862 or electronic equivalent IAW local SOP.	_____	_____
5 Corrected irregularities to DA Form 3862 IAW local SOP.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 3161. *Request for Issue or Turn-in*.
> DA Form 3862. *Controlled Substances Stock Record*.
> DD Form 1289. *DOD Prescription Form*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Subject Area 3: Pharmacy Program

Manage Pharmacy Security Programs

081-68Q-4001

Conditions: You are directed to manage the physical security program for the pharmacy service while in an operational environment. Given AR 40-3, AR 190-13, AR 190-51, DA Form 5513 (*Key Control Register and Inventory*), TC 8-260, SF 700 (*Security Container Information*), SF 701 (*Activity Security Checklist*), SF 702 (*Security Container Check Sheet*), and local standard operating procedures.

Standards: Manage pharmacy security program in accordance with AR 190-13 and local standard operating procedure.

Performance Steps:

1. Review annually and update local standard operating procedures as needed.
    a. Physical security.
    b. Controlled substances procedures.
    c. Key control.

2. Initiate background check on all employees annually with local Provost Marshal Office.

NOTE: New employees must have a background check submitted within 30 days of employment.

3. Ensure access rosters are updated.
    a. Pharmacy.
    b. Controlled substances storage areas.

NOTE: A copy of these rosters will be given to the unit security officer and the installation physical security office.

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

NOTE: All personnel other than pharmacy staff will be escorted throughout the pharmacy.

5. Ensure sufficient interior and exterior lighting is provided for visual surveillance 24 hours a day.
    a. Pharmacy.
    b. Controlled substances storage areas.

6. Ensure controlled substances are stored separately from noncontrolled pharmacy stock.

NOTE: Controlled substances Q and R will be stored in accordance with AR 190-51.

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

7. Ensure intrusion detection systems are provided.

a.   The intrusion detection system will provide at least two types of sensors to meet minimum requirements.

b.   A standing operating procedure for the activation, deactivation, and daily testing of the intrusion detection systems will be kept on hand.

c.   Provide a duress switch or holdup button in a hidden location to permit pharmacy personnel to notify the supporting police agency in the event of a threatening situation.

d.   A quarterly test of intrusion detection system will be conducted with the supporting police agency.

8.   Follow procedures for keys, locks, and locking devices.

a.   Keys and combinations will only be accessible to, or known by, individuals whose official duties require access to them.

b.   Keys will be signed out to authorize personnel on a key control register (DA Form 5513).

c.   After duty hours, keys, including intrusion detection system keys, will be locked in a container of at least 20-gauge metal or material of equivalent strength.

d.   All keys will be stored away from the pharmacy or in the custody of the responsible duty officer, noncommissioned officer, or charge of quarters.

e.   At no time must keys be left unattended or unsecured.

NOTE: A two-key system is highly recommended and should be used so that one individual does not have uncontrolled access.

f.   Key control registers will be kept for at least 90 days from the date of the last entry.

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

g.   All keys will be inventoried semiannually or as directed by your security officer.

h.   A key showdown should be conducted periodically of all keys that are signed out.

i.   Documentation for both the inventory and the showdowns will be kept on file for one year from the date of the last entry.

j.   Maintain no more than two keys per lock in the key box.

k.   Maintain an accurate record of all additional keys.

9.   Ensure locks and combinations are changed.

a.   When loss or compromise is suspected.

b.   When personnel having access depart.

NOTE: Locks and combinations will be changed every 12 months, at a minimum.

10. Post SF 700 for all combination locks used.

NOTE: This form has the name, home address, and home phone number of whom to contact if the container (safe or vault) is left unsecured.

a.   Part 1 of SF 700 will be posted on the inside door of the container being utilized.

b.   Part 2A of SF 700 will contain the combination to the container (if applicable) and placed in the envelope provided.

    c.   This envelope will be stored in an approved safe at a location other than the pharmacy.

11. Record the times on SF 702.
    a.   When the container or pharmacy is opened.
    b.   When the container or pharmacy is locked.
    c.   When the container or pharmacy is 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 the Provost Marshal's Office has completed a local physical security check within the last year and a copy is kept in the pharmacy's files.

14. Record on SF 701 all closing procedures for any pharmacy area that is not a 24-hour operation.
    a.   Outpatient Pharmacy.
    b.   Supply and support pharmacy.

15. Report all serious incidents.
    a.   The noncommissioned officer or officer in charge of the pharmacy.
    b.   The unit commander.
    c.   The military police.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Reviewed annually and updated local standard operating procedures as needed.	_____	_____
2	Initiated background check on all employees annually with local Provost Marshal Office.	_____	_____
3	Ensured access rosters were updated.	_____	_____
4	Ensured the pharmacy was designated as a limited access area.	_____	_____
5	Ensured sufficient interior and exterior lighting was provided for visual surveillance 24 hours a day.	_____	_____
6	Ensured controlled substances were stored separately from noncontrolled pharmacy stock.	_____	_____
7	Ensured intrusion detection systems were provided.	_____	_____
8	Followed procedures for keys, locks, and locking devices.	_____	_____

Performance Measures:	GO	NO GO
9 Ensured locks and combinations were changed.	_____	_____
10 Posted SF 700 for all combination locks used.	_____	_____
11 Recorded times on SF 702.	_____	_____
12 Placed additional keys in a sealed envelope stored in an approved safe at a location other than the pharmacy.	_____	_____
13 Ensured the Provost Marshal's Office had completed a local physical security check within the last year and a copy was kept in the pharmacy's files.	_____	_____
14 Recorded on SF 701 all closing procedures for any pharmacy area that was not a 24-hour operation.	_____	_____
15 Reported all serious incidents.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
AR 190-13. *The Army Physical Security Program*.
AR 190-51. *Security of Unclassified Army Resources (Sensitive and Nonsensitive)*.
DA Form 5513. *Key Control Register and Inventory*.
SF 700. *Security Container Information*.
SF 701. *Activity Security Checklist*.
SF 702. *Security Container Check Sheet*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Subject Area 4: Support Pharmacy

Process Bulk Drug Orders

081-68Q-0009

Conditions: You are a pharmacy specialist in an operational environment. The pharmacy specialist must process bulk drug orders. Given a DA Form 3875 (*Bulk Drug Order*) or electronic equivalent, TC 8-260, counting tray, spatula or graduate, bottles, formulary or the requesting activity's authorized stock list, medication reference materials, printing labels, computer with printer, a pen, and local standard operating procedures.

Standards: Process bulk drug orders in accordance with local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify the pharmaceuticals to be filled.

    a. Annotate numerically in the "Pharmacy Action" column, if the pharmacy has the drug in the amount specified.

    b. Annotate how much of the drug was provided, if the pharmacy can only fill part of the amount requested.

NOTE: Asterisk the line and note at the bottom of the form when the remaining amount may be expected.

    c. Annotate the letters DNS (do not stock) in the column if an item is not stocked by the pharmacy.

    d. Annotate a single line through the item and the letters CONT (controlled) in the column for controlled drugs or stock record items.

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 drug name.
    b. Correct package size.
    c. Correct medication strength.
    d. Correct medication dosage form.
    e. Correct prepackaged medication.

3. Verify drug accuracy.
    a. Ensure solid pharmaceuticals are correctly counted.
    b. Ensure liquid pharmaceuticals are measured to the correct amount.

4. Pack drug items in appropriate container for dispensing to the requesting activity.

5. Ensure the appropriate auxiliary labels are affixed to the dispensing container or package.

6.   Record the correct calculated work units on the bulk drug order in the block titled "For Pharmacy Use Only."

NOTE: The pharmacy technician who fills the order will place his or her initials in the block titled "For Pharmacy Use Only."

7.   Ensure the completed bulk drug order is checked by credentialed personnel per local standard operating procedure.

8.   Prepare the medication for delivery or pickup.

    a.   Ensure medication is stored or delivered under manufacturer's recommendations as applicable.

    b.   Prepare a completed copy of the bulk drug order to accompany the order on delivery or pickup.

    c.   Mark the delivery or pickup bulk drug order with the appropriate requesting activity identification.

9.   Ensure the correct bulk drug order is delivered to the correct requesting activity or is available for pickup.

10. Inform the person receiving the bulk drug order of any specific handling and storage requirements.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Identified the pharmaceuticals to be filled.	_____	_____
2	Selected the correct medication.	_____	_____
3	Verified drug accuracy.	_____	_____
4	Packed drug items in appropriate container for dispensing to the requesting activity.	_____	_____
5	Ensured the appropriate auxiliary labels were affixed to the dispensing container or package.	_____	_____
6	Recorded the correct calculated work units on the bulk drug order in the block titled "For Pharmacy Use Only."	_____	_____
7	Ensured the completed bulk drug order was checked by credentialed personnel per local standard operating procedure.	_____	_____
8	Prepared the medication for delivery or pickup.	_____	_____
9	Ensured the correct bulk drug order was delivered to the correct requesting activity or was available for pickup.	_____	_____
10	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
    DA Form 3875. *Bulk Drug Order*.
    TC 8-260. *Pharmacy Specialist*.

    Related
    None

Manage the Receipt of Pharmacy Supplies and Materials
081-68Q-0019

Conditions: You are in an operational environment assigned to the pharmacy supply and support section. The pharmacy specialist must manage the receipt of pharmacy supplies and materials. Given computer with printer, pen, AR 40-3, AR 40-61, DA Form 1687 (*Notice of Delegation of Authority - Receipt for Supplies*), DA Form 2064 (*Document Register for Supply Actions*), DA Form 3862 (*Controlled Substances Stock Record*), supply vouchers, TC 8-260, and local standard operating procedures.

Standards: Manage the receipt of pharmacy supplies and materials in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

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

NOTE: Only personnel on the pharmacy DA Form 1687 are allowed to order and receive medications.

2. Check for any changes in the unit of issue and price.

3. Inspect each item for product integrity.
    a. Labels are legible.
    b. Containers are sealed.

4. Check the expiration date of each item.

5. Resolve discrepancies with medical supply or prime vendor.

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

    a. Shortages.
    b. Overages.
    c. Unacceptable items.

6. Sign the supply voucher.

7. Complete appropriate forms to add pharmaceuticals to pharmacy stock.
    a. DA Form 2064.
    b. DA Form 3862 for controlled medications only.

8. Return original (signed) voucher to servicing supply for proper charges.

NOTE: If using an electronic ordering system, steps 5, 6, and 7 can be accomplished electronically.

9. Maintain copy of signed voucher for pharmacy records.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Inventoried the order by checking the actual items received against the supply vouchers.	_____	_____
2 Checked for any changes in the unit of issue and price.	_____	_____
3 Inspected each item for product integrity.	_____	_____
4 Checked the expiration date of each item.	_____	_____
5 Resolved discrepancies with medical supply or prime vendor.	_____	_____
6 Signed the supply voucher.	_____	_____
7 Completed appropriate forms to add pharmaceuticals to pharmacy stock.	_____	_____
8 Returned original (signed) voucher to servicing supply for proper charges.	_____	_____
9 Maintained copy of signed voucher for pharmacy records.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> AR 40-61. *Medical Logistics Policies*.
> DA Form 1687. *Notice of Delegation of Authority - Receipt for Supplies*.
> DA Form 2064. *Document Register for Supply Actions*.
> DA Form 3862. *Controlled Substances Stock Record*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Order Pharmacy Supplies and Materials

081-68Q-0053

Conditions: You are working in the pharmacy supply section and have been given a requirement to order pharmacy supplies and materials. Given a formulary drug list, barcode reader, computer with printer, AR 40-3, AR 40-61, complete descriptive data for the requested item, document register, DA Form 3161 (*Request for Issue or Turn-in*), DA Pam 710-2-1, TC 8-260, and local standard operating procedures.

Standards: Order pharmacy supplies and materials in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Conduct an inventory of supplies.
    a. Barcode reader.
    b. Inventory records.
    c. Pick list 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 in accordance with 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. Complete nonemergency requisition.
    a. Download barcode reader for transmission to Prime Vendor warehouse.
    b. Submit reorder list to supporting medical supply activity.

4. Coordinate with Prime Vendor or supporting medical supply activity.

NOTE: If ordering with military logistic units, it will require you to "walk through" the requisition and identify the specific priority.

    a. Availability.
    b. Turnaround times.
    c. Non-stocked items.

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

NOTE: Prime Vendors may be notified electronically or telephonically of emergency requisition if stipulated in their contract.

6. Complete the emergency requisition.
    a. Enter the patient's diagnosis or 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 or 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.

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.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Conducted an inventory of supplies.	_____	_____
2	Determined the priority (need for the item) of the medication.	_____	_____
3	Completed nonemergency requisition.	_____	_____
4	Coordinated with Prime Vendor or supporting medical supply activity.	_____	_____
5	Notified Prime Vendor or supporting medical supply activity 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
    AR 40-3. *Medical, Dental, and Veterinary Care*.
    AR 40-61. *Medical Logistics Policies*.
    DA Form 3161. *Request for Issue or Turn-in*.
    DA Pam 710-2-1. *Using Unit Supply System (Manual Procedures)*.
    TC 8-260. *Pharmacy Specialist*.

    Related
    None

Process the Turn-In of Excess or Expired Noncontrolled Pharmaceuticals
081-68Q-0065

Conditions: You are a pharmacy specialist in an operational environment working in the pharmacy supply and support section. The pharmacy specialist is given a requirement to process the turn-in of excess or expired noncontrolled pharmaceuticals. You have a computer with printer, pen, AR 40-3, AR 40-61, DA Pam 710-2-2, DA Form 3161 (*Request for Issue or Turn-in*), SB 8-75 S1, and local standard operating procedures.

Standards: Process the turn-in of excess or expired noncontrolled pharmaceuticals in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify the pharmaceuticals to be returned to the pharmacy.

2. Prepare DA Form 3161 in accordance with local standard operating procedure.
    a. Enter the word DESTRUCTION or TURN-IN in block 1.
    b. Enter the unit designation in block 2.
    c. Complete all columns of block 12 (if applicable).

3. Prepare the destruction officer's statement and signature block in accordance with AR 40-61 (if applicable).

NOTE: Unless a pharmaceutical item needs to be destroyed immediately, all items will be picked up by contract vendor.

4. Prepare the witnesses' statements (must have two) and signature block in accordance with AR 40-61 (if applicable).

5. Prepare the witness statement for the environmental science officer in accordance with AR 40-61 (if applicable).
    a. Unidentifiable items which, when intended to be disposed of, are hazardous wastes according to criteria developed under the authority of the Resource Conservation and Recovery Act.
    b. Partially used items that are station excess.

NOTE: These items deteriorate faster.

    c. Items that have exceeded their shelf life and do not qualify for potency extension.
    d. The DA Form 3161 will have the following statement, "I certify that the destruction codes assigned to the above items are acceptable and environmentally sound for destruction and disposal methods of this materiel, and comply with federal, state, and local laws."

6. Assign a voucher number to DA Form 3161.

7. Ensure DA Form 3161 is posted to the document register.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Identified the pharmaceuticals to be returned to the pharmacy.	_____	_____
2 Prepared DA Form 3161 in accordance with local standard operating procedure.	_____	_____
3 Prepared the destruction officer's statement and signature block in accordance with AR 40-61 (if applicable).	_____	_____
4 Prepared the witnesses' statements (must have two) and signature block in accordance with AR 40-61 (if applicable).	_____	_____
5 Prepared the witness statement for the environment science officer in accordance with AR 40-61 (if applicable).	_____	_____
6 Assigned a voucher number to DA Form 3161.	_____	_____
7 Ensured DA Form 3161 was posted to the document register.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
AR 40-61. *Medical Logistics Policies*.
DA Form 3161. *Request for Issue or Turn-in*.
DA Pam 710-2-2. *Supply Support Activity Supply System: Manual Procedures*.
SB 8-75 S1. *Army Medical Department Supply Information*.

Related
None

Maintain Medical Materiel Quality Control Message Log
081-68Q-2013

Conditions: You are in an operational environment assigned to the pharmacy supply and support section. The pharmacy specialist must maintain medical materiel quality control (MMQC) messages received through distribution channels (hard copy) or via the Internet from the United States Army Medical Materiel Agency website. Given AR 40-3, AR 40-61, a computer with Internet connection, local quality control register, pens, file systems, TC 8-260, and local standard operating procedures.

Standards: Maintain MMQC message log in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Prepare a filing record of all MMQC messages in numerical sequence.

NOTE: Retain MMQC messages on file for at least the current fiscal year and the prior fiscal year.

2. Prepare a register.

NOTE: Activities with electronic systems are not required to maintain a manual register.

3. Post data to register for each MMQC message received in accordance with local standard operating procedure.
    a. Date messaged received.
    b. Message number.
    c. National Stock Number.
    d. Nomenclature.
    e. Action required.
    f. Remarks.

4. Inspect the register for any blank lines or missing messages.

5. Verify all MMQC messages have been received.

6. Initiate tracer action through message routing channels for any missing messages.

NOTE: If the activity has Internet capability, query the United States Army Medical Materiel Agency home page for MMQC messages.

7. Retain "hard copy" of MMQC messages when there is no access to online United States Army Medical Materiel Agency database.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Prepared a filing record of all MMQC messages in numerical sequence.	_____	_____
2 Prepared a register.	_____	_____
3 Posted data to register for each MMQC message received in accordance with local standard operating procedure.	_____	_____
4 Inspected the register for any blank lines or missing messages.	_____	_____
5 Verified all MMQC messages had been received.	_____	_____
6 Initiated tracer action through message routing channels for any missing messages.	_____	_____
7 Retained "hard copy" of MMQC messages when there was no access to online United States Army Medical Materiel Agency database.	_____	_____

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
   AR 40-3. *Medical, Dental, and Veterinary Care*.
   AR 40-61. *Medical Logistics Policies*.
   TC 8-260. *Pharmacy Specialist*.

   Related
   None

Process the Turn-In of Excess or Expired Controlled Pharmaceuticals
081-68Q-0038

Conditions: You are in an operational environment working in the pharmacy supply and support section. The pharmacy specialist must process the turn-in of expired, surplus, contaminated, or recalled controlled substances. Given a computer with printer, pen, DD Form 1289 (*DOD Prescription Form*), DA Form 3161 (*Request for Issue or Turn-in*), DA Form 3949 (*Controlled Substances Record*), DA Form 3862 (*Controlled Substances Stock Record*), AR 40-3, AR 40-61, and local standard operating procedures.

Standards: Process the turn-in of excess controlled pharmaceuticals in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify the controlled pharmaceuticals to be returned to the pharmacy.

NOTE: Notification may be verbal (telephonic or in person) or written (DD Form 1289). Medication use area (wards or clinics) turn-ins are from inpatient pharmacy by staff.

2. Record the 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 (medication use areas only).

NOTE: A transfer document may be a DA Form 3161 or a DD Form 1289, complete form to place in vault with medication.

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 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. Annotate the document number or prescription number in the ORDERED BY column.
   e. Annotate the amount of drugs being turned-in 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.

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

    5.   Return the controlled drugs to the pharmacy (main vault) for disposition.

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 DA Form 3862 or electronic equivalent.

NOTE: If the medication is acceptable for reissue, posting is done to the active vault. If the medication is NOT acceptable for reissue, 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 or her hospitalization (unit dose). If the turn-in from the hospitalized patient is not required during his or her stay, the medication will be posted to the inactive vault until patient discharge when it is either reissued to the patient or processed for destruction.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Identified the controlled pharmaceuticals to be returned to the pharmacy.	_____	_____
2	Recorded the information onto the transfer document.	_____	_____
3	Posted all required information to the activity's DA Form 3949 or electronic equivalent.	_____	_____
4	Issued the activity a copy of the transfer document.	_____	_____
5	Returned the controlled drugs to the pharmacy (main vault) for disposition.	_____	_____
6	Returned the original transfer document DA Form 3161 or DD Form 1289 to the pharmacy for posting to the DA Form 3862 or electronic equivalent.	_____	_____

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
    AR 40-3. *Medical, Dental, and Veterinary Care*.
    AR 40-61. *Medical Logistics Policies*.
    DA Form 3161. *Request for Issue or Turn-in*.
    DA Form 3862. *Controlled Substances Stock Record*.
    DA Form 3949. *Controlled Substances Record*.
    DD Form 1289. *DOD Prescription Form*.

    Related
    None

Maintain Pharmacy Cold Chain Management
081-68Q-0088

Conditions: You are in an operational environment working in the pharmacy supply section. The pharmacy specialist has received supply vouchers for temperature sensitive medications and must maintain pharmacy cold chain management. Given DA Form 1687 (*Notice of Delegation of Authority - Receipt for Supplies*), DA Pam 710-2-1, AR 40-61, pen, computer with printer, complete descriptive data for the requested item, document register, and local standard operating procedures.

Standards: Maintain pharmacy cold chain management in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Inventory the order against the supply vouchers.

NOTE: Only personnel on the pharmacy DA Form 1687 are allowed to order and receive medications.

2. Inspect each item for product integrity.
   a. Labels are legible.
   b. Containers are sealed.

3. Check the expiration date of each item.

4. Resolve discrepancies with medical supply or prime vendor.
   a. Shortages and overages.

NOTE: Rectify overages and shortages with servicing supply company to ensure proper credit, charge, receipt or return of items.

   b. Unacceptable items.

NOTE: Refuse outdated, compromised (unsealed, outside of temperature control), and unacceptable items such as expired or broken pharmaceuticals.

5. Sign the supply voucher.

6. Return original (signed) voucher to servicing supply company for proper charges.

NOTE: If using an electronic ordering system steps 5 and 6 can be accomplished electronically.

7. Maintain a copy of the signed voucher for pharmacy records.

8. Verify refrigerated items.

NOTE: Upon delivery, all refrigerator items will have cold packs and a temperature monitoring device. The temperature monitoring device will be validated to ensure items stayed within proper temperature range.

9. List the storage codes on receipt documentation for items requiring special storage considerations.

    a. Must be refrigerated.

    b. Do not freeze.

    c. Has a potency period.

    d. Must be frozen.

    e. Schedule II item.

    f. Schedules III-V item.

10. Store refrigerated items.

    a. Accommodate items that have more than one code in accordance with code requirements.

NOTE: An example of this accommodation would be codes G and Q, the item is a controlled substance III-V, but also must be refrigerated.

    b. Ensure temperatures in refrigerators and freezers remain constant in accordance with manufacturer's instructions.

NOTE: Refrigerated items will be stored at a minimum between temperatures of 36-46 degrees Fahrenheit (2-8 °C).

    c. Ensure refrigerators and freezers are not used as combined units.

NOTE: If combined unit, storage facility must decide to use as either a refrigerator or freezer.

11. Record temperatures four times per day.

12. Ensure proper storage requirements are given to patients when medications are dispensed.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Inventoried the order against the supply vouchers.	_____	_____
2 Inspected each item for product integrity.	_____	_____
3 Checked the expiration date of each item.	_____	_____
4 Resolved discrepancies with medical supply or prime vendor.	_____	_____
5 Signed the supply voucher.	_____	_____
6 Returned original (signed) voucher to servicing supply company for proper charges.	_____	_____
7 Maintained a copy of the signed voucher for pharmacy records.	_____	_____
8 Verified refrigerated items.	_____	_____

Performance Measures:	**GO**	**NO GO**
9 Listed the storage codes on receipt documentation for items requiring special storage considerations.	_____	_____
10 Stored refrigerated items.	_____	_____
11 Recorded temperatures four times per day.	_____	_____
12 Ensured proper storage requirements were given to patients when medications were dispensed.	_____	_____

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
AR 40-61. *Medical Logistics Policies*.
DA Form 1687. *Notice of Delegation of Authority - Receipt for Supplies*.
DA Pam 710-2-1. *Using Unit Supply System (Manual Procedures)*.

Related
None

Manage Pharmacy Temperature Sensitive Medical Products
081-68Q-2014

Conditions: You are in an operational environment working in the pharmacy where temperature sensitive medications are stored. The pharmacy specialist is given a requirement to manage the pharmacy temperature sensitive medical products (TSMP). Given computer with printer, pen, AR 40-3, AR 40-61, access to SB 8-75-11 and SB 8-75 S1 websites, TC 8-260, and local standard operating procedures.

Standards: Manage pharmacy TSMP in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Manage stored TSMP that require thermostatically controlled storage temperatures.

NOTE: This will be products in temperatures of 2 degrees (°) Celsius (C) to 8 °C (36 °Fahrenheit (F) to 46 °F) for refrigerators and -20 °C to -10 °C (-4 °F to 14 °F) for freezer products.

   a. Ensure a temperature alarm system is installed on bulk storage refrigerators and freezers areas that store a significant number of medical supplies.

   b. Verify the entire alarm system from the refrigerator and freezer unit to the remote monitoring station is tested monthly at a minimum.

   c. Identify an alternate storage facility with backup power (generator) and storage capacity where products can be temporarily relocated and monitored if necessary.

   d. Identify proper handling procedures and the means of transport to the secure storage location.

2. Maintain a standard operating procedure for monitoring refrigerators and freezers of TSMP.

NOTE: If the prescription cannot be transferred, inform the patient why you cannot fill the prescription and let them know how he or she can seek further assistance in accordance with local standard operating procedure.

   a. Ensure the standard operating procedure includes methods to determine if the products are still viable.

   b. The standard operating procedure must include at a minimum emergency contact and notification information.

   (1) Logistics, Pharmacy, Provost Marshal, and Medical Maintenance personnel.

   (2) Refrigeration repair technician.

   (3) Temperature alarm repair technician.

   (4) Backup storage areas.

   (5) Ice packs.

   (6) Emergency repair companies.

   (7) Vaccine manufacturers.

3. Document any significant loss of TSMP due to out-of-range temperatures with the precise date and time sequence.

NOTE: A Commander's Critical Information Requirement will be documented for the loss and forward to the proper notification authority immediately.

4. Coordinate with US Army Medical Material Agency Distribution Operation Center to provide tracking for select TSMP in support of the Army's executive agency status for biodefense and force health protection vaccines.

5. Coordinate training on suitable distribution and storage practices for TSMP.

6. Coordinate with US Army Medical Material Agency Distribution Operation Center pertaining to TSMP related Department of Defense Medical Materiel Quality Control messages.

7. Develop plans to control hazardous material and regulated medical waste for any TSMP.

8. Develop reporting procedures for any TSMP loss.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Managed stored TSMP that required thermostatically controlled storage temperatures.	_____	_____
2	Maintained a standard operating procedure for monitoring refrigerators and freezers of TSMP.	_____	_____
3	Documented any significant loss of TSMP due to out-of-range temperatures with the precise date and time sequence.	_____	_____
4	Coordinated with US Army Medical Material Agency Distribution Operation Center to provide tracking for select TSMP in support of the Army's executive agency status for biodefense and force health protection vaccines.	_____	_____
5	Coordinated training on suitable distribution and storage practices for TSMP.	_____	_____
6	Coordinated with US Army Medical Material Agency Distribution Operation Center pertaining to TSMP related Department of Defense Medical Materiel Quality Control messages.	_____	_____
7	Developed plans to control hazardous material and regulated medical waste for any TSMP.	_____	_____
8	Developed reporting procedures for any TSMP loss.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care.*
AR 40-61. *Medical Logistics Policies.*
SB 8-75-11. *Department of the Army Supply Bulletin.*
SB 8-75 S1. *Army Medical Department Supply Information.*
TC 8-260. *Pharmacy Specialist.*

Related
None

Skill Level 1

Subject Area 5: Inpatient Pharmacy

Manage Inpatient Medication Profiles

081-68Q-0015

Conditions: You are in an operational environment working in the pharmacy unit dose or sterile products section and have received DA Form 4256 (*Doctor's Orders*) for medications. Manage inpatient medication profiles. The pharmacy specialist will need a computer with printer, AR 40-3, TC 8-260, access to the electronic healthcare information system, patient medication profiles, current formulary or drug lists, medication reference materials, and local standard operating procedures.

Standards: Manage inpatient medication profiles in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Initiate an inpatient medication profile.

NOTE: In the electronic healthcare information system, the profile is created when the patient is admitted to the hospital. The hard copy or paper profile is divided into different areas based on the local standard operating procedure.

    a. Patient demographic information.

    b. 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) As needed orders that have a definite specified interval.

    c. The nonscheduled and nonrecurring section will be used to record:

        (1) Nonrecurring or onetime dose orders.

        (2) Stat doses.

        (3) Loading doses.

        (4) As needed orders.

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

    d. Diagnosis.

    e. Preexisting conditions.

    f. Primary physician.

    g. Ward and bed number.

2. Transcribe orders from DA Form 4256 exactly as written.

NOTE: The appropriate medical personnel should be contacted concerning any discrepancies.

    a. Dosage range.
    b. Drug Interactions.
    c. Contraindications.
    d. Allergies.

3. Ensure the order is set aside for a quality control check by an authorized second source.

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

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

5. File physician's orders.

NOTE: Physician's orders should be filed in accordance with local policy. If a paper profile is maintained, the pharmacy copy of the order is usually maintained behind the profile (that is, a Cardex file). If an electronic profile is maintained, the pharmacy copy (fax and pink copy) should be maintained until the patient is discharged. There will be no pharmacy copy if your facility utilizes inpatient physician order entry in an electronic healthcare information system.

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 physician's orders to the profile.
    c. Calculate and record workload data, file in accordance with 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).

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Initiated an inpatient medication profile.	_____	_____
2 Transcribed orders from DA Form 4256 exactly as written.	_____	_____
3 Ensured the order was set aside for a quality control check by an authorized second source.	_____	_____
4 Updated patient profiles daily or whenever new physician's orders were received.	_____	_____
5 Filed physician's orders.	_____	_____

Performance Measures:	**GO**	**NO GO**
6 Filed patient profiles.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
DA Form 4256. *Doctor's Orders*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Prepare a Compound Pharmaceutical

081-68Q-0016

This individual task was presented earlier in the STP on page 3-4 as a readiness requirements task. The content requirements are the same.

Process a Sterile Product Order

081-68Q-0021

This individual task was presented earlier in the STP on page 3-7 as a readiness requirements task. The content requirements are the same.

Maintain an Aseptic Work Environment in a Sterile Product Area

081-68Q-0025

This individual task was presented earlier in the STP on page 3-10 as a readiness requirements task. The content requirements are the same.

Prepare Sterile Intravenous Products

081-68Q-0089

This individual task was presented earlier in the STP on page 3-14 as a readiness requirements task. The content requirements are the same.

Process a Unit Dose Order

081-68Q-0014

This individual task was presented earlier in the STP on page 3-1 as a readiness requirements task. The content requirements are the same.

Maintain Emergency Medication Trays and Crash Carts

081-68Q-0040

This individual task was presented earlier in the STP on page 3-20 as a readiness requirements task. The content requirements are the same.

Subject Area 6: Outpatient Pharmacy

Screen a Prescription

081-68Q-0001

This individual task was presented earlier in the STP on page 3-27 as a readiness requirements task. The content requirements are the same.

Post Debits or Credits on Controlled Substance Stock Records
081-68Q-0035

This individual task was presented earlier in the STP on page 3-31 as a readiness requirements task. The content requirements are the same.

Process Outpatient Prescriptions

081-68Q-0028

This individual task was presented earlier in the STP on page 3-24 as a readiness requirements task. The content requirements are the same.

Perform Preventive Maintenance Checks and Services on Pharmacy Equipment
081-68Q-0055

Conditions: You are assigned to a pharmacy and charged with the upkeep of the equipment. The pharmacy specialist will perform preventive maintenance checks and services. Given an operator's manual and local standard operating procedures.

Standards: Perform preventive maintenance checks and services in accordance with local standard operating procedure.

Performance Steps:

   1. Check the operational condition of pharmacy equipment on a daily basis in accordance with local standard operating procedure.

   2. Notify section noncommissioned officer in charge of operational status of pharmacy equipment.
        a. Require repair.
        b. Beyond the operator level.

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

   3. Perform preventive maintenance checks and services in accordance with local standard operating procedure.

   4. Maintain a preventive maintenance checks and services log in accordance with local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Checked the operational condition of pharmacy equipment on a daily basis in accordance with local standard operating procedure.	_____	_____
2	Notified section noncommissioned officer in charge of operational status of pharmacy equipment.	_____	_____
3	Performed preventive maintenance checks and services in accordance with local standard operating procedure.	_____	_____
4	Maintained a preventive maintenance checks and services log in accordance with local standard operating procedure.	_____	_____

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**
> None

Process Pharmaceutical Returns to Stock

081-68Q-0068

Conditions: You are in an operational environment assigned to the outpatient pharmacy. The pharmacy specialist is given a requirement to process pharmaceutical returns to stock that are in noncompliance. Given a computer with printer, pen, DD Form 1289 (*DOD Prescription Form*), DA Form 3875 (*Bulk Drug Order*), AR 40-3, AR 40-61, TC 8-260, and local standard operating procedures.

Standards: Process pharmaceutical returns to stock in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify filled prescriptions and bulk drug orders that need to be returned to stock in accordance with local standard operating procedure.

2. Remove identified prescriptions and bulk drug orders from patient holding areas or off the shelf.

3. Document prescriptions not picked up as "noncompliant" in the electronic healthcare information system in accordance with local standard operating procedure.

4. Return medications to the correct storage area.

NOTE: Due to the potential for human error the process of returning loose tablets or capsules to stock may involve maintaining a log (of the quantity of medication returned to the bottle or cassette) and having the actual procedure verified by an authorized pharmacy staff member.

    a. Return bulk items such as packages, boxes, and prepacks directly to the correct filling or storage area.

    b. Return loose tablets and capsules to the correct stock bottle or automated dispensing cassette.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measure:	GO	NO GO
1	Identified filled prescriptions and bulk drug orders that needed to be returned to stock in accordance with local standard operating procedure.	_____	_____
2	Removed identified prescriptions and bulk drug orders from patient holding areas or off the shelf.	_____	_____
3	Documented prescriptions not picked up as "noncompliant" in the electronic healthcare information system in accordance with local standard operating procedure.	_____	_____
4	Returned medications to the correct storage area.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> AR 40-61. *Medical Logistics Policies*.
> DA Form 3875. *Bulk Drug Order*.
> DD Form 1289. *DOD Prescription Form*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Process Self-Care and Over-the-Counter Pharmaceuticals
081-68Q-0070

Conditions: You are in an operational environment assigned to the outpatient pharmacy section that dispenses medications under a unit or hospital directed self-care program. The pharmacy specialist has a requirement to process self-care and over-the-counter pharmaceuticals. Given local self-care program guidelines, self-care medications, appropriate local forms for documentation, access to the electronic healthcare record information system, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Process self-care and over-the-counter pharmaceuticals in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

  1. Verify the patient's identity in accordance with hospital or unit verification policies.

NOTE: In many cases a parent will request medications under this program for his or her dependent.

  2. Ask the patient, parent, or guardian if he or she has any drug allergies.

  3. Ask the patient, parent, or guardian about his or her chief medical complaint and symptoms.

  4. Review the guidelines for dispensing self-care medications based on patient's chief medical complaint and symptoms.

  5. Review the patient's current medication profile.

  6. Enter the self-care medications into the patient's medication profile (manually or electronically).

  7. Review request with a pharmacist of authorized second source.

  8. Review the instructions for correct administration of the medication.

  9. Inform the patient, parent, or guardian of all appropriate warning statements and any special storage requirements.

  10. Ask the patient, parent, or guardian if he or she has any questions or if he or she would like to speak with a pharmacist (if available).

  11. Transfer the medication to the patient.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Verified the patient's identity in accordance with hospital or unit verification policies.	_____	_____
2 Asked the patient, parent, or guardian if he or she had any drug allergies.	_____	_____
3 Asked the patient, parent, or guardian about his or her chief medical complaint and symptoms.	_____	_____
4 Reviewed the guidelines for dispensing self-care medications based on the patient's chief medical complaint and symptoms.	_____	_____
5 Reviewed the patient's current medication profile.	_____	_____
6 Entered the self-care medications into the patient's medication profile (manually or electronically).	_____	_____
7 Reviewed request with a pharmacist of authorized second source.	_____	_____
8 Reviewed the instructions for correct administration of the medication.	_____	_____
9 Informed the patient, parent, or guardian of all appropriate warning statements and any special storage requirements.	_____	_____
10 Asked the patient, parent, or guardian if he or she had any questions or if he or she would have liked to speak with a pharmacist (if available).	_____	_____
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
AR 40-3. *Medical, Dental, and Veterinary Care*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Perform a Prescription Transfer

081-68Q-0074

Conditions: You are in an operational environment working in the pharmacy section. The pharmacy specialist has received a request to refill a prescription from another military treatment facility by performing a prescription transfer. You have all the required equipment, supplies, DD Form 1289 (*DOD Prescription Form*), access to the electronic healthcare information system, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Perform a prescription transfer in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

   1. Screen prescription label from other military treatment facility to determine if it can be transferred.

       a. Label must indicate that original fill date is less than 12 months old.

       b. Label must indicate valid refills remaining.

       c. Medication must be on your formulary.

       d. Medication must NOT be a controlled substance.

   2. Inform the patient if the medication can or cannot be refilled.

NOTE: If the prescription cannot be transferred, instruct patient how to seek further assistance in accordance with local standard operating procedure.

   3. Record transfer information into electronic healthcare information system in accordance with local standard operating procedure.

NOTE: When transferring a prescription manually, all transfer information discussed above will be entered on a DD Form 1289 which will be numbered and filed in accordance with local standard operating procedure.

   4. Verify all information as recorded is accurate and complete.

   5. Complete a local military treatment facility prescription transfer notification form in accordance with local standard operating procedure and forward to originating military treatment facility.

   6. Forward prescription transfer to prepare for filling.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Screened prescription label from other military treatment facility to determine if it could be transferred.	_____	_____
2	Informed the patient if the medication could or could not be refilled.	_____	_____

Performance Measures:	GO	NO GO
3 Recorded transfer information into electronic healthcare information system in accordance with local standard operating procedure.	_____	_____
4 Verified all information as recorded was accurate and complete.	_____	_____
5 Completed a local military treatment facility prescription transfer notification form in accordance with local standard operating procedure and forward to originating military treatment facility.	_____	_____
6 Forwarded prescription transfer to preparer 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
    AR 40-3. *Medical, Dental, and Veterinary Care*.
    DD Form 1289. *DOD Prescription Form*.
    TC 8-260. *Pharmacy Specialist*.

    Related
    None

Inventory Controlled Substances

081-68Q-0034

This individual task was presented earlier in the STP on page 3-29 as a readiness requirements task. The content requirements are the same.

Issue Controlled Substance from a Vault

081-68Q-0010

This individual task was presented earlier in the STP on page 3-22 as a readiness requirements task. The content requirements are the same.

Manage Pharmaceutical Documents
081-68Q-0071

Conditions: You are in an operational environment working in the pharmacy section. The pharmacy specialist is given a requirement to manage pharmaceutical documents for the pharmacy. Given a computer with printer, AR 25-400-2, AR 40-3, DD Form 1289 (*DOD Prescription Form*), DA Form 4256 (*Doctor's Orders*), DA Form 3875 (*Bulk Drug Order*), DA Form 4106 (*Incident Report*), file folders, file boxes, medication use documents, and local standard operating procedures (SOPs).

Standards: Manage pharmaceutical documents in accordance with AR 25-400-2 and local SOP with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Label a file folder, file drawer or box for each subject area as described in AR 25-400-2.

2. Segregate documents during the duty day or at the end of each day.

NOTE: Segregating documents on a routine basis will streamline the filing process. Files may be paper or electronic.

    a. Outpatient prescriptions (DD Form 1289 or local equivalent) are segregated into three files and maintained for 5 years.
        (1) Note Q.
        (2) Note R.
        (3) Other legend or prescription drugs.
    b. Inpatient.
        (1) Prescriber's inpatient orders (DA Form 4256) are maintained according to SOP.
        (2) Unit dose pick lists or point of use dispensing resupply lists are maintained according to SOP.
        (3) Sterile product recipe cards are maintained according to SOP.
    c. Supply.
        (1) Bulk drug orders (DA Form 3875) are maintained according to SOP.
        (2) Prepackaging logs are maintained according to SOP.
        (3) Compounding logs are maintained according to SOP.
        (4) Controlled Drug Registers, issues, and receipts are maintained according to SOP.
    d. Quality assurance and process improvement.
        (1) Medication use area inspections are maintained according to SOP.
        (2) Copies of DA Form 4106 or local equivalent are maintained according to SOP.

3. Maintain pharmacy documents on a fiscal or calendar basis in accordance with local SOP and AR 25-400-2.

4. Retire files in accordance with AR 25-400-2 and local SOP.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Labeled a file folder, file drawer or box for each subject area as described in AR 25-400-2.	_____	_____
2	Segregated documents during the duty day or at the end of each day.	_____	_____
3	Maintained pharmacy documents on a fiscal or calendar basis in accordance with local SOP and AR 25-400-2.	_____	_____
4	Retired files in accordance with AR 25-400-2 and local SOP.	_____	_____

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**
> AR 25-400-2. *The Army Records Information Management System (ARMIS)*.
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 3875. *Bulk Drug Order*.
> DA Form 4106. *Incident Report*.
> DA Form 4256. *Doctor's Orders*.
> DD Form 1289. DOD Prescription Form.
>
> **Related**
> None

Process Prepackage Pharmaceuticals
081-68Q-0072

Conditions: You are a pharmacy specialist in an operational environment. Process prepackage pharmaceuticals to be dispensed at a later date. Given medications, containers, standard prepackaging equipment, labels, computer, printer and label printing software, TC 8-260, and local standard operating procedures.

Standards: Process prepackage pharmaceuticals in accordance with TC 8-260 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Gather medications.

2. Gather containers.

NOTE: Required containers can consist of bulk bottles and unit dose packaging.

3. Record quality control information into the prepackaging log.
    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. Amount packaged in each container.
    f. Total number of containers packaged.
    g. The local batch or control number.
    h. Expiration date after prepackaging.

NOTE: This date is determined by local standard operating procedure (usually 6-12 months) but cannot exceed the manufacturer's expiration date.

    i. Initials of the prepacker.

4. Prepare labels for the prepackaged medications.
    a. Unit dose labels prepared for individual medications to be dispensed from the pharmacy to an inpatient activity will include the following information.
       (1) The generic name of the medication. The trade name may be used, if that brand name product is used or is a generic equivalent (that is, trade name equivalent).
       (2) The strength of the medication.
       (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 through the emergency room or acute care clinic after pharmacy business hours will include the following information.

NOTE: These items will usually be prepacked to speed the dispensing process in an emergency room or acute care clinic after pharmacy business hours.

(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, in other words, Take _ tablets _ times daily).

(4) The name, strength, and quantity of the medication.

(5) Physician's name.

(6) The local batch or control number.

(7) 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.

c. Labels prepared for medications to be dispensed to patients at a later date will include the following information.

(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 (that is, trade name equivalent).

(2) The quantity of medication in each container.

(3) Manufacturer's name and lot number.

(4) The prepack expiration date of the packaged medication.

5. Match the manufactured medication to the medication on the prepack bottle.

6. Verify the quantity matches the desired quantity on the prepack bottle.

7. Prepackage the medication placing the correct medication in the appropriate sized container.

8. Label the prepackage pharmaceuticals for pharmacy or clinic use.

9. Set the prepackage medications aside for a quality control check by authorized personnel in accordance with local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Gathered medications.	_____	_____
2 Gathered containers.	_____	_____
3 Recorded quality control information into the prepackaging log.	_____	_____
4 Prepared labels for the prepackaged medications.	_____	_____
5 Matched the manufactured medication to the medication on the prepack bottle.	_____	_____
6 Verified the quantity matches the desired quantity on the prepack bottle.	_____	_____
7 Prepackaged the medication placing the correct medication in the appropriate sized container.	_____	_____
8 Labeled the prepackage pharmaceuticals for pharmacy or clinic use.	_____	_____
9 Set the prepackage medications aside for a quality control check by authorized personnel in accordance with local standard operating procedure.	_____	_____

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
TC 8-260. *Pharmacy Specialist*.

Related
None

Subject Area 7: Support Pharmacy

Calculate Pharmaceutical Stock Levels

081-68Q-0060

Conditions: You are in an operational environment working in the pharmacy supply and support section. Calculate pharmaceutical stock levels. Given a computer with printer, pen, AR 40-3*,* AR 40-61, and local standard operating procedures.

Standards: Calculate pharmaceutical stock levels and reorder points in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Prepare reports.

NOTE: Reports can be generated electronically or completed automatically by the prime vendor or supporting medical supply activity.

     a. Check usage history for the last 30 to 90 days.
     b. Determine how much medication is being used.
        (1) Weekly basis.
        (2) Monthly basis.

2. Calculate the 30-day 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 standard operating procedure. Levels for nonstandard items acquired under vendor service will be based on quantities necessary to sustain operation between resupply cycles.

5. Record the stock level and reorder point onto the inventory stock record card, shelf label, or electronic equivalent in accordance with local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Prepared reports.	_____	_____
2 Calculated the 30-day stock level by dividing the item usage (quantity dispensed) by the number of months indicated on the report.	_____	_____
3 Calculated the reorder point (usually 1/2 of the stock level).	_____	_____

Performance Measures:	**GO**	**NO GO**
4 Calculated the safety level (usually 1/4 of the stock level).	_____	_____
5 Recorded the stock level and reordered point onto the inventory stock record card, shelf label, or electronic equivalent in accordance with local standard operating procedure.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> AR 40-61. *Medical Logistics Policies*.
>
> **Related**
> None

Pack Pharmaceuticals Supplies for Deployment
081-68Q-0063

Conditions: You are assigned to a field unit hospital pharmacy. You are given the warning order to prepare for deployment and must pack pharmaceutical supplies for deployment. You will need authorized medications, other pharmaceutical supplies, medical chests, containers, AR 40-3, TC 8-260, TC 8-13, and local standard operating procedure.

Standards: Pack pharmaceutical supplies for deployment in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Inventory items for packing using the national stock number, nomenclature, expiration date, and quantity.

2. Create chest-packing lists using information from inventory.

3. Develop chest-packing lists for critical areas such as Emergency Room, Operating Room, and Intensive Care Unit.

4. Organize pharmaceutical supplies for packing.

NOTE: Organize like storage items (such as, topicals or rectal) together.

5. Pack pharmaceuticals safely (wrap glass containers, vials, and ampoules) in designated medical chests or suitable containers.

NOTE: Isolate flammables and other hazardous substances that require special handling or shipping procedures.

6. Prepare separate subset of pharmaceuticals for use during troop movement.

Evaluation Preparation: Evaluate Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Inventoried items for packing using the national stock number, nomenclature, expiration date, and quantity.	_____	_____
2	Created chest-packing lists using information from inventory.	_____	_____
3	Developed chest-packing lists for critical areas such as Emergency Room, Operating Room, and Intensive Care Unit.	_____	_____
4	Organized pharmaceutical supplies for packing.	_____	_____
5	Packed pharmaceuticals safely (wraps glass containers, vials, and ampoules) in designated medical chests or suitable containers.	_____	_____
6	Prepared separate subset of pharmaceuticals for use during 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:

> **Required**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> TC 8-13. *Tactical Hospital Infrastructure*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Process the Turn-In of Excess or Expired Noncontrolled Pharmaceuticals
081-68Q-0065

This individual task was presented earlier in the STP on page 3-44 as a readiness requirements task. The content requirements are the same.

Restock Pharmaceutical Dispensing Systems
081-68Q-0067

Conditions: You are in an operational environment working in the pharmacy supply and support section. You have received an order to restock the automated point of use pharmaceutical dispensing system located in a medication use area (ward or clinic). Given access to a dispensing cabinet with an electronic healthcare information system interface, medications, assigned system identification code and passwords, approved hospital formulary, medication inventory sheet, point of use dispensing system operator's manual, AR 40-3, TC 8-260, and local standard operating procedure.

Standards: Restock pharmaceutical dispensing systems in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Log into the automated point of use dispensing system mainframe or main cabinet.

NOTE: You must receive training on the specific point of use dispensing system prior to completing this task.

    a. Cabinets are inventoried and restocked in accordance with local standard operating procedure (per shift and per day).
    b. Controlled substances are inventoried and restocked in accordance with the standard operating procedure.

2. Pull the restock or inventory report from the system.
    a. From the Reports menu, select Inventory reports.
    b. Select the option to refill.
    c. Select cabinets, medications, and medications classes to be included in the report.
    d. Preview report on the screen, then print report.

3. Fill the inventory and restock report.

4. Sign and date the report when inventory order is filled.

5. Ensure order is verified by an authorized second source prior to delivery.

NOTE: Sometimes the second check is not done until the cabinet is actually restocked.

6. Deliver the medications and the inventory report to the designated activity's cabinet for restocking.

7. Restock the cabinet.

8. Document inventory and any adjustments or discrepancies as the cabinet is restocked.

9. Document workload in electronic healthcare information system or manually as bulk or clinic issued.

10. File inventory report.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Logged into the automated point of use dispensing system mainframe or main cabinet.	_____	_____
2	Pulled the restock or inventory report from the system.	_____	_____
3	Filled the inventory and restock report.	_____	_____
4	Signed and dated the report when inventory order was filled.	_____	_____
5	Ensured order was verified by an authorized second source prior to delivery.	_____	_____
6	Delivered the medications and the inventory report to the designated activity's cabinet for restocking.	_____	_____
7	Restocked the cabinet.	_____	_____
8	Documented inventory and any adjustments or discrepancies as the cabinet was restocked.	_____	_____
9	Documented workload in electronic healthcare information system or manually as bulk or clinic issued.	_____	_____
10	Filed inventory 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
AR 40-3. *Medical, Dental, and Veterinary Care*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Initiate Medical Materiel Complaints

081-68Q-0073

Conditions: You are in a medical operational environment working in the pharmacy supply and support section. You have received complaints and feedback on certain medications from patients that require a medical materiel complaint to be initiated. Given OF 380 (*Reporting and Processing Medical Material Complaints/Quality Improvement Report*), AR 40-61, computer with printer, pen, local standard operating procedures, a complete description of the subject materiel, manufacturer's name and address, and a brief synopsis of the events leading to the initiation of the complaint.

Standards: Initiate medical materiel complaints in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Compile all information necessary to classify the type of complaint.

   a. The item in question will be thoroughly evaluated by medical and supply maintenance personnel before submitting a complaint.

   b. Materiel that produces side effects as described on the item package insert will not be reported nor does equipment malfunction that is the result of failure to follow operating instructions (human or operator error).

2. Determine which type of complaint classification to use.

NOTE: The initial classification of a Type I complaint must be made by a medical or dental officer.

   a. Type I - materiel, to include equipment, determined by use or test to be harmful or defective to the extent that its use has or may cause death or serious illness.

   b. Type II - materiel, other than equipment, that is suspected of being harmful, defective, deteriorated, or unsuitable for use.

   c. Type III - equipment, which is determined to be unsatisfactory due to malfunction, design, defects (attributable to faulty materiel, workmanship, or quality inspection), or performance.

3. Suspend the item from use.

NOTE: A Type III complaint does not necessarily require suspension of the item. You may be required to activate a patient level recall for Types I and II complaints.

4. Notify customers who are using or have been issued the item.

5. Complete OF 380 in accordance with local standard operating procedure (if applicable).

NOTE: The supporting logistics unit usually completes the actual reporting of the complaint. If your unit standard operating procedure dictates that you report the complaint, do so as follows using the OF 380.

6. Notify the supporting logistics unit.

a. Type I complaints must be reported immediately by the quickest means (telephone, US Army Medical Materiel Agency homepage) or immediate message.

b. The written confirmation (completed OF 380) will be accomplished within 12 hours.

c. Types II and III complaints must be submitted within 48 hours.

NOTE: Type III complaints will include photographs and drawings of equipment when they can help describe or substantiate the complaint. Type II complaints will include specific statements on the storage conditions under which the materiel was stored (for example, controlled temperature environment unheated or cooled).

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Compiled all information necessary to classify the type of complaint.	_____	_____
2	Determined which type of complaint classification to use.	_____	_____
3	Suspended the item from use.	_____	_____
4	Notified customers who were using or had been issued the item.	_____	_____
5	Completed OF 380 in accordance with local standard operating procedures (if applicable).	_____	_____
6	Notified the supporting logistics unit.	_____	_____

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
AR 40-61. *Medical Logistics Policies*.
OF 380. *Reporting and Processing Medical Material Complaints/Quality Improvement Report*.

Related
None

Maintain Pharmacy Cold Chain Management

081-68Q-0088

This individual task was presented earlier in the STP on page 3-51 as a readiness requirements task. The content requirements are the same.

Process Bulk Drug Orders

081-68Q-0009

This individual task was presented earlier in the STP on page 3-37 as a readiness requirements task. The content requirements are the same.

Manage the Receipt of Pharmacy Supplies and Materials

081-68Q-0019

This individual task was presented earlier in the STP on page 3-40 as a readiness requirements task. The content requirements are the same.

Process the Turn-In of Excess or Expired Controlled Pharmaceuticals
081-68Q-0038

This individual task was presented earlier in the STP on page 3-48 as a readiness requirements task. The content requirements are the same.

Conduct Medication Use Area Inspections
081-68Q-0033

Conditions: You are in an operational environment working in the pharmacy section. Conduct medication use area inspections of ward and clinic areas. You will need a computer with printer, pen, formulary or drug list, the activity's authorized stock list, inspection checklist, AR 40-3, DA Form 3949 (*Controlled Substances Record*), DA Form 3949-1, (*Controlled Substances Inventory*), TC 8-260, and local standard operating procedure.

Standards: Conduct medication use area inspections in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Perform an inspection of all medication use areas at least monthly.

2. Check medications for correct labeling.
    a. Generic name of drug.

NOTE: Trade or brand name 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. Verify medications are segregated based on route of administration.

4. Verify medications are stored in accordance with manufacturer's labeled guidance.

5. Check refrigerator and freezer temperature ranges are monitored daily and recorded on a temperature log.

6. Verify 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. Perform inspection of the controlled substances register.

NOTE: Electronic equivalent forms are acceptable.

    a. The register is in a loose-leaf binder.

    b. The register is divided into two major sections.

       (1)   Note R (Schedule II) and Note Q (Schedules III-V).

       (2)   Locally controlled medications will be placed with Note Q medications.

    c. DA Form 3949-1 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.

    e. A separate DA Form 3949 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. Each DA Form 3949 is arranged in the same order as it appears on DA Form 3949-1.

    h. Change of shift inventories are completed on DA Form 3949-1.

    i. Each DA Form 3949 shows that a monthly inventory and audit has been conducted.

8. Check medication cabinets are locked at all times and the keys are secured.

9. Verify the appropriate par levels of medication are on hand.

10. Verify stock is properly rotated.

11. Check medications for expiration dates, deterioration, or in a recall status.

NOTE: Samples of medications provided by a pharmaceutical company or vendor are prohibited and will be confiscated immediately.

12. Check reconstituted multidose medications are properly labeled.

NOTE: If a multidose has been opened or accessed (for example, needle punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.

    a. Date reconstituted and expiration date.

    b. Final concentration.

    c. Initials of the preparer of the dilution.

    d. Vials are stored per manufacturers recommendations.

13. Perform inspection of the emergency medication containers (such as crash carts and poison or anaphylactic trays).

    a. Completeness of required contents.

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

    b. Expiration date of medication.

NOTE: 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 maintained for crash carts in accordance with local standard operating procedure.

14. Check for posted metric conversion chart.

15. Check for posted poison control 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 in accordance with 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 or ward master and provide a copy of the inspection report.

21. File a copy of the inspection report in accordance with local pharmacy standard operating procedure.

22. Notify supervisor immediately of safety or security violations discovered during the inspection.

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 or clinic staff to ensure they understand the medication use process and why the checklist is in place.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Performed an inspection of all medication use areas at least monthly.	_____	_____
2	Checked medications for correct labeling.	_____	_____
3	Verified medications were segregated based on route of administration.	_____	_____
4	Verified medications were stored in accordance with manufacturer's labeled guidance.	_____	_____
5	Checked refrigerator and freezer temperature ranges were monitored daily and recorded on a temperature log.	_____	_____

Performance Measures:	**GO**	**NO GO**
6 Verified controlled items were stored correctly.	_____	_____
7 Performed inspection of the controlled substances register.	_____	_____
8 Checked medication cabinets were locked at all times and the keys were secured.	_____	_____
9 Verified the appropriate par levels of medication were on hand.	_____	_____
10 Verified stock was properly rotated.	_____	_____
11 Checked medications for expiration dates, deterioration, or in a recall status.	_____	_____
12 Checked reconstituted multidose medications were properly labeled.	_____	_____
13 Performed inspection of the emergency medication containers (such as crash carts and poison or anaphylactic trays).	_____	_____
14 Checked for posted metric conversion chart.	_____	_____
15 Checked for posted poison control information center telephone number.	_____	_____
16 Checked for current copy or access to the unit formulary.	_____	_____
17 Asked members of the staff if they knew how to report medication errors or adverse drug reactions in accordance with hospital policy.	_____	_____
18 Notified the head nurse or ward master of safety or security violations that needed to be corrected immediately.	_____	_____
19 Collected all expired, compromised, overstocked, or unauthorized medications and returned them to the pharmacy for disposition.	_____	_____
20 Discussed the results of the inspection with the head nurse or ward master and provided a copy of the inspection report.	_____	_____
21 Filed a copy of the inspection report in accordance with local pharmacy standard operating procedure.	_____	_____
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**
>AR 40-3. *Medical, Dental, and Veterinary Care*.
>DA Form 3949. *Controlled Substances Record*.

DA Form 3949-1. *Controlled Substances Inventory*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Order Pharmacy Supplies and Materials

081-68Q-0053

This individual task was presented earlier in the STP on page 3-42 as a readiness requirements task. The content requirements are the same.

Recover Unusable Pharmaceuticals

081-68Q-0069

Conditions: You are in an operational environment and receive a Department of Defense Medical Materiel Quality Control message or equivalent notification, to recover unusable pharmaceuticals. Given computer with printer, pen, access to current electronic healthcare information system, recall list with patient's information, phone, AR 40-61, and local standard operating procedures.

Standards: Recover unusable pharmaceuticals in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

  1. Identify unusable pharmaceuticals.

NOTE: Unusable pharmaceuticals must be segregated to prevent inadvertent dispensing, re-entering stock, or administration to a patient. In some cases, unusable pharmaceuticals may include broken tablets, broken packaging, or some other contamination that must be maintained until proper disposition either due to accountability (controlled pharmaceuticals) or to ensure proper credit.

  a. Patient medication returns.
  b. Medications improperly stored.
  c. Expired medications.
  d. Recalled medications.

  2. Screen potency card files for expired pharmaceuticals.

  3. Identify pharmaceuticals that have not met the manufacturer's storage requirements.

NOTE: Items located outside of the pharmacy (wards and clinics) should be retrieved during medication use area inspections and returned to the pharmacy for appropriate collection and disposal.

  a. Contaminated pharmaceuticals.
  b. Expired pharmaceuticals.

  4. Transfer recovered unusable pharmaceuticals to an area that clearly identifies the items as "suspended," "for destruction," or "for return."

NOTE: Refer to task 081-68Q-0038, Process the Turn-In of Excess or Expired Controlled Pharmaceuticals, for processing excess or expired controlled substances.

  5. Dispose of unusable pharmaceuticals in accordance with local standard operating procedure, reverse distribution contract, and federal and state regulations.

  6. Process medication recalls.
      a. Screen Department of Defense Medical Materiel Quality Control messages and other mailed or electronic notifications of medication recalls.

NOTE: Specific information on the Medical Materiel Quality Control or equivalent message includes the manufacturer, lot number, and expiration date.

      b. Screen potency card files or manually inspect shelves for recalled medication.

      c. Remove the recalled pharmaceutical immediately from stock shelves.

      d. Notify and retrieve the recalled pharmaceuticals from areas that receive medications from pharmacy (wards and clinics).

NOTE: It is very important to communicate medication recalls to the hospital staff with guidance on date of replacement or medications that may be therapeutically substituted for the recalled medication.

      e. Place recalled pharmaceuticals on a stock suspension shelf pending further instructions.

      f. Follow the disposition instructions on the message or notification completely and accurately.

      g. Notify the Chief of Pharmacy of disposition in accordance with local standard operating procedure.

NOTE: This procedure is required for types 2 and 3 material complaints. If the Medical Materiel Quality Control message (or other notification) is a type 1 complaint go to the patient level. Follow the additional steps that need to be done and accomplished as soon as possible. It may be necessary to initiate recalls measures via local television or radio stations. This is a decision to be made by the hospital commander and will be executed in accordance with hospital policy.

      h. Notify Chief of Pharmacy upon completion of recall.

  7. Initiate patient recall procedures in accordance with local policy.

      a. Identify patients to be contacted who have received unusable pharmaceuticals.

      b. Give the patient clear disposition guidance in accordance with the Department of Defense Medical Materiel Quality Control or equivalent message.

  8. Annotate the disposition of the unusable pharmaceuticals in the Department of Defense Medical Materiel Quality Control log.

  9. Consolidate information on all medication recalls and dispositions for review.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Identified unusable pharmaceuticals.	_____	_____
2 Screened potency card files for expired pharmaceuticals.	_____	_____
3 Identified pharmaceuticals that had not met the manufacturer's storage requirements.	_____	_____

Performance Measures:	**GO**	**NO GO**
4 Transferred recovered unusable pharmaceuticals to an area that clearly identified the items as "suspended," "for destruction," or "for return."	_____	_____
5 Disposed of unusable pharmaceuticals in accordance with local standard operating procedure, reverse distribution contract, and federal and state regulations.	_____	_____
6 Processed medication recalls.	_____	_____
7 Initiated patient recall procedures in accordance with local policy.	_____	_____
8 Annotated the disposition of the unusable pharmaceuticals in the Department of Defense Medical Materiel Quality Control log.	_____	_____
9 Consolidated information on all medication recalls and dispositions 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**
> AR 40-61. *Medical Logistics Policies*.
>
> **Related**
> None

Skill Level 2

Subject Area 8: Inpatient Pharmacy

Evaluate a Completed Unit Dose Order

081-68Q-2003

Conditions: You are working in the pharmacy unit dose section. Evaluate a completed unit dose order. Given computer with printer, pen, DA Form 4256 (*Doctor's Orders*), patient's medical profile or unit dose pick list, most current formulary drug list, medical reference materials, authorized floor stock list, TC 8-260, and local standard operating procedures.

Standards: Evaluate a completed dose order in accordance with TC 8-260 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Evaluate completed unit dose order.
    a. Compare unit dose order to DA Form 4256, patient's medical profile, or the unit dose pick list for completeness and accuracy.
    b. Correct medication.
    c. Correct strength.
    d. Verify medication is not expired.
    e. Check for the patient diagnosis and possible allergies.
    f. Check medication reference materials.
        (1) Dosage.
        (2) Regimen.
        (3) Indications.
    g. Check for drug interactions.
    h. Check for any drug incompatibilities.

2. Report any discrepancies to the ward or prescriber.

3. Report any errors to preparer, filling medications.

4. Complete any necessary corrections.

5. Annotate any changes made.

6. Initial the completed unit dose order in the patient's medical profile.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Evaluated completed unit dose order.	_____	_____
2 Reported any discrepancies to the ward or prescriber.	_____	_____

Performance Measures:	**GO**	**NO GO**
3 Reported any errors to preparer, filling medications.	_____	_____
4 Completed any necessary corrections.	_____	_____
5 Annotated any changes made.	_____	_____
6 Initialed the completed unit dose order in the patient's medical 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
DA Form 4256. *Doctor's Orders*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Evaluate a Completed Sterile Products Order

081-68Q-2004

Conditions: You are in an operational environment working in the inpatient pharmacy section. Evaluate a completed sterile product order prior to dispensing. Given a computer with printer, pen, DA Form 4256 (*Doctor's Orders*), AR 40-3, patient's medical profile, intravenous batch report or local sterile products order forms, most current formulary drug list, medical reference materials, TC 8-260, and local standard operating procedures.

Standards: Evaluate a completed sterile products order in accordance with TC 8-260 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Evaluate the completed sterile product order.
   a. Ensure completed sterile product order is accurately transcribed from the sterile product order forms, DA Form 4256, IV batch report, or patient's medical profile.
   b. Check the label against the original order.
   c. Verify any calculations used in the preparation of the product.
   d. Verify medication extracts.
      (1) Correct diluents.
      (2) Correct additives.
      (3) Correct base solutions.
      (4) Correct volumes.
   e. Ensure the label contains the preparer's initials and volume of drug added.
   f. Ensure specific storage requirements are implemented.
   g. Ensure single dose containers are properly disposed.
   h. Verify hood cleaning log is completed for the shift.
   i. Check reconstituted multidose vials.
      (1) Date.
      (2) Time.
      (3) Concentration.
      (4) Preparer's initials.

2. Inspect each component (especially multidose vials) for contamination.

3. Inspect the completed product for particulate matter visually.

4. Ensure the label is placed appropriately on the product with security seal in place (if applicable).

5. Verify the correct quality assurance information is annotated on the sterile products order form or label.

6. Notify the preparer to correct any discrepancies found.

7. Initial the sterile product form, batch list, or patient profile along with the product label.

8. Forward the finished product for issue or dispensing to the medication use area.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Evaluated the completed sterile product order.	_____	_____
2	Inspected each component (especially multidose vials) for contamination.	_____	_____
3	Inspected the completed product for particulate matter visually.	_____	_____
4	Ensured the label was placed appropriately on the product with security seal in place (if applicable).	_____	_____
5	Verified the correct quality assurance information was annotated on the sterile products order form or label.	_____	_____
6	Notified the preparer to correct any discrepancies found.	_____	_____
7	Initialed the sterile product form, batch list, or patient profile along with the product label.	_____	_____
8	Forwarded the finished product for issue or dispensing to the medication use area.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 4256. *Doctor's Orders*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Evaluate a Completed Compounded and Prepackaged Pharmaceutical
081-68Q-2005

Conditions: You are in an operational environment working in the compounding medication section. Evaluate a completed prepackaged or compounded medication order. Given a computer with printer, DD Form 1289 (*DOD Prescription Form*), AR 40-3, TC 8-260, prepack logbook, master formula batch sheet, current formulary drug list, authorized stockage list from medication use areas, drug references, and local standard operating procedures.

Standards: Evaluate a completed compounded and prepackaged pharmaceutical in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Ensure the batch sheet, manufacturing log, or prepack log is accurate and complete.

    a. The batch sheet contains the manufacturer, lot number and expiration date, quantity (weight or volume) of ingredients, and the initials of the preparer.

    b. The manufacturing log must contain the name and strength of drug, expiration date, theoretical and actual yield, date, and local control number.

    c. 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 calculations of ingredients have been annotated and checked prior to compounding.

3. Verify the correct equipment is 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 (signature) per provider's prescription; the generic or trade name, strength, and quantity of the medication; the local batch or control number; and appropriate auxiliary labels.

6. Ensure the finished product is packaged in the proper container and the end product (with label) has "pharmaceutically elegance."

7. Notify appropriate pharmacy staff to correct any discrepancies found.

8. Sign the batch sheet, manufacturing log, or prepack log as the final check (releaser).

9. Store compounded or prepacked medications appropriately until dispensed or issued.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Ensured the batch sheet, manufacturing log, or prepack log was accurate and complete.	_____	_____
2	Verified calculations of ingredients had been annotated and checked prior to compounding.	_____	_____
3	Verified the correct equipment was calibrated, used, cleaned, and stored after use.	_____	_____
4	Checked the final product for accuracy.	_____	_____
5	Checked the final product label for appropriateness and accuracy.	_____	_____
6	Ensured the finished product was packaged in the proper container and the end product (with label) had "pharmaceutically elegance."	_____	_____
7	Notified appropriate pharmacy staff to correct any discrepancies found.	_____	_____
8	Signed the batch sheet, manufacturing log, or prepack log as the final check (releaser).	_____	_____
9	Stored compounded or prepacked medications appropriately until dispensed or issued.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DD Form 1289. *DOD Prescription Form*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Subject Area 9: Outpatient Pharmacy

Evaluate a Completed Prescription

081-68Q-2000

Conditions: You are in an operational environment working in the outpatient pharmacy. Evaluate a completed new or refill DD Form 1289 (*DOD Prescription Form*), civilian prescription form or electronic equivalent. Given a computer, DA Form 3862 (*Controlled Substances Stock Record*), a formulary or drug list, medication reference materials, medication stock bottles, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Evaluate a completed prescription in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Evaluate the completed prescription for accuracy.
    a. Check the prescription label against the original prescription form.
    b. Check for correct auxiliary label.
    c. 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.

    d. Check for appropriate dosage range.
    e. Check for drug interactions.
    f. Check for drug incompatibilities.
    g. Check for contraindications.

NOTE: Ensure drug incompatibilities and contraindications are checked against the patient's medication profile.

2. Ensure medication is packaged in the proper container, and the end product has "pharmaceutical elegance."

3. Inform the preparer of any discrepancies with the completed prescription for correction if necessary.

4. Contact the prescriber for any discrepancies found (if necessary).

5. Annotate any changes made on prescription and label.

6. Initial the completed prescription form and label.

7. Verify fills or refills for controlled substances are posted to a DA Form 3862 or electronic equivalent.

8. Verify controlled substance prescriptions are entered on to a locally designed controlled substances prescription log.

9. Forward the prescription for dispensing.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Evaluated the completed prescription for accuracy.	_____	_____
2	Ensured medication was packaged in the proper container, and the end product had "pharmaceutical elegance."	_____	_____
3	Informed the preparer of any discrepancies with the completed prescription for correction if necessary.	_____	_____
4	Contacted the prescriber for any discrepancies found (if necessary).	_____	_____
5	Annotated any changes made on prescription and label.	_____	_____
6	Initialed the completed prescription form and label.	_____	_____
7	Verified fills or refills for controlled substances were posted to a DA Form 3862 or electronic equivalent.	_____	_____
8	Verified controlled substance prescriptions were entered on to a locally designed controlled substances prescription log.	_____	_____
9	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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 3862. *Controlled Substances Stock Record*.
> DD Form 1289. DOD Prescription Form.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Maintain Pharmacy Administrative Files

081-68Q-2002

Conditions: You are in operational environment working in the pharmacy section. Maintain pharmacy administrative files. Given a computer with printer, pen, file folders, file boxes, pharmacy administrative files, AR 25-400-2, AR 40-3, and local standard operating procedures (SOPs).

Standards: Maintain pharmacy administrative files IAW AR 25-400-2 with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Label a file folder for each subject area IAW AR 25-400-2.
    a. File number.
    b. File title.
    c. Brief description.

2. Prepare a directory for files used by your pharmacy IAW local SOP.

3. Maintain pharmacy files on a fiscal or calendar basis IAW local SOP.

4. Retire the old files IAW AR 25-400-2 and local SOP after the completion of each calendar or fiscal year.

NOTE: Some files are designated as active and inactive prior to destruction.

5. Ensure inactive (retired) files are available as needed.

6. Destroy inactive (retired) files IAW AR 25-400-2 and local SOP guidance (if applicable).

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Labeled a file folder for each subject area IAW AR 25-400-2.	_____	_____
2	Prepared a directory for files used by your pharmacy IAW local SOP.	_____	_____
3	Maintained pharmacy files on a fiscal or calendar basis IAW local SOP.	_____	_____
4	Retired the old files IAW AR 25-400-2 and local SOP after the completion of each calendar or fiscal year.	_____	_____
5	Ensured inactive (retired) files were available as needed.	_____	_____
6	Destroyed inactive (retired) files IAW AR 25-400-2 and local SOP guidance (if applicable).	_____	_____

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
    AR 25-400-2. *The Army Records Information Management System (ARMIS)*.
    AR 40-3. *Medical, Dental, and Veterinary Care*.

    Related
    None

Prepare Adverse Drug Reports

081-68Q-2001

Conditions: You are in an operational environment working in the pharmacy. The pharmacy specialist becomes aware of potential or actual adverse drug events and must prepare adverse drug reports. Given a computer with printer, DA Form 4106 (*Incident Report*), AR 40-3, AR 40-68, TC 8-260, current formulary or drug list, access to the MedWatch Forms for Food and Drug Administration Safety Reporting website or local approved equivalent form, patient medication profile, medication reference materials, medication stock bottles, and local standard operating procedure.

Standards: Prepare adverse drug reports with 100% accuracy in accordance with AR 40-3 and local standard operating procedure utilizing GO/NO GO criteria.

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. Consult a registered pharmacist, provider, or medication reference materials as needed.

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 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 and 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 (such as, anaphylaxis or cardiac arrest).
   i. Category I - medication error occurred resulting in patient death.

3.   Report categories A and B errors in accordance with local standard operating procedure for discussion during pharmacy process improvement committee meetings.

4.   Report categories C through I errors on DA Form 4106 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 [MedWatch Forms for Food and Drug Administration Safety Reporting](#) website or local approved equivalent.

6.   Forward medication error reports and adverse drug reaction reports to your supervisor for review and submission to appropriate personnel.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Determined whether a medication error or adverse drug reaction had occurred.	_____	_____
2	Determined the category of medication error.	_____	_____
3	Reported categories A and B errors in accordance with local standard operating procedure for discussion during pharmacy process improvement committee meetings.	_____	_____
4	Reported categories C through I errors on DA Form 4106 or local equivalent.	_____	_____
5	Reported adverse drug reactions on the [MedWatch Forms for Food and Drug Administration Safety Reporting](#) website or local approved equivalent.	_____	_____
6	Forwarded medication error reports and adverse drug reaction reports to your supervisor for review and submission to appropriate 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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> AR 40-68. *Clinical Quality Management*.
> DA Form 4106. *Incident Report*.
> [MedWatch Forms for Food and Drug Administration Safety Reporting](#) website.
> TC 8-260. *Pharmacy Specialist*.

> **Related**
> None

Subject Area 10: Support Pharmacy
Create Master Formula Batch Sheet
081-68Q-2016

Conditions: You are in an operational environment working in the pharmacy supply and support section. The pharmacy specialist has received a compound bulk pharmaceutical order which requires you to create a master formula batch sheet. Given a computer with printer, most current approved formulary list, pharmacy compounding references, appropriate medication mixing material, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Create master formula batch sheet in accordance with TC 8-260 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Research the product to be compounded using appropriate references.

NOTE: A master formula record is the "official recipe" for a particular product, which is manufactured in the pharmacy. A master formula card should be kept on file for every product compounded in the pharmacy.

2. Identify essential information for a particular product.
   a. Specific product name.
   b. Component ingredients and their concentrations by weight and volume.
   c. Correct procedures to prepare and compound the product.

NOTE: The procedures will also identify the equipment to be used to measure, weigh, and compound the product (such as, graduated cylinders, spatulas, or ointment slabs).

   d. Theoretical yield of product and packaging information.
   e. Labeling instructions and auxiliary labels.

NOTE: AR 40-3 labeling instructions for compounded products requires the following information: product name and strength, quantity, manufacturer (hospital pharmacy facility), lot or control number assigned by pharmacy, and expiration date for product in accordance with local standard operating procedure.

   f. Quality control procedures.
   g. Original formulations blocks ("manufactured by," date of original manufacture and "inspection and approval by" blocks).
   h. Safety information and precautions.
   i. Storage information.

3. Calculate information to support compounding procedures and measurements.

4. Transcribe the information onto the master formula batch sheet.

5. Prepare manufacturing log for specific product.

6. Ensure the master formula batch sheet is checked by an authorized second source.

NOTE: It may be necessary to verify compounding procedures and formulation prior to pharmacist approval, by compounding a fractional quantity based on procedures listed on the master formula record.

7. Attach a copy of the reference formula or information to the master formula batch sheet or enter the reference information on the sheet.

8. File the master formula batch sheet in alphabetical order in the bulk manufacturing area.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Researched the product to be compounded using appropriate references.	_____	_____
2	Identified essential information for a particular product.	_____	_____
3	Calculated information to support compounding procedures and measurements.	_____	_____
4	Transcribed the information onto the master formula batch sheet.	_____	_____
5	Prepared manufacturing log for specific product.	_____	_____
6	Ensured the master formula batch sheet was checked by an authorized second source.	_____	_____
7	Attached a copy of the reference formula or information to the master formula batch sheet or entered the reference information on the sheet.	_____	_____
8	Filed the master formula batch sheet in alphabetical order in the bulk manufacturing area.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Manage Hazardous Communication Program
081-68Q-2006

Conditions: You are in a medical operational environment as a noncommissioned officer of the pharmacy section. Manage the pharmacy hazard communication (HAZCOM) program. Given a computer with printer, 29 Code of Federal Regulations (CFR) Occupational Safety and Health Administration Part 1910.1200, AR 700-143, AR 385-10, TM 38-410, state regulatory requirements, material safety data sheets, and local standard operating procedures.

Standards: Manage a HAZCOM program in accordance with (IAW) AR 385-10 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Determine the purpose and scope of the HAZCOM Standard IAW 29 CFR 1910.1200 for pharmacy functions.
    a. Identify the responsibilities of manufacturers, distributors, and employers who transport, store, or use hazardous chemicals within the pharmacy section.
    b. Recognize those chemicals which present a hazard or potential hazard.

2. Identify "hazardous substances" IAW 29 CFR 1910.1200.
    a. Physical Hazard - A chemical whose characteristics indicate it would undergo a physical change and pose a threat to safety.
    b. Health Hazard - A chemical causing acute chronic health affects which may occur in exposed employees.

NOTE: Consumer products, in normal consumer use, chemical products covered by other regulatory agencies (such as, pesticides and tobacco), and any drug as defined by the Federal Food, Drug, and Cosmetic Act, used in solid form (such as, tablets or capsules) are considered exceptions to 29 CFR 1910.1200.

3. Select the steps in development of a HAZCOM program IAW 29 CFR 1910.1200.
    a. Generate a list of all chemicals used in your training environment.
    b. Develop a Hazardous Chemical Inventory List containing the date, chemicals, and their respective quantities (by weight or volume).

NOTE: Include only hazardous chemicals as determined by the Occupational Safety and Health Administration.

    c. Obtain material safety data sheets from manufacturers, suppliers, or distributors.
    d. Establish a labeling system to identify hazardous materials.
    e. Establish an employee training program.
    f. Develop a written hazard communication plan.
    g. Maintain and update the program as needed.

4. Determine the sections or required information contained in the material safety data sheet IAW 29 CFR 1910.1200 and local standard operating procedure.
    a. Chemical identification.

      b.   Hazardous ingredients.

      c.   Physical data.

      d.   Fire and explosion hazard data.

      e.   Health hazard data.

      f.   Reactivity data.

      g.   Spill or leak procedures.

      h.   Special protection Information.

NOTE: The material safety data sheet lists the personal protective equipment (respirators, gloves, eye protection, and ventilation) that should be used when handling the chemical.

      i.   Name, address, and telephone number of the chemical manufacturer.

5.   Determine labeling requirements for hazardous chemicals IAW 29 CFR 1910.1200.

NOTE: All hazardous chemicals must be labeled with chemical's identity and appropriate hazard warnings.

6.   Identify the special precautions used in working with antineoplastic agents.
      a.   Prepare these drugs in a central area away from normal traffic.
      b.   Wear personal protective equipment to include goggles, gloves, and gown.
      c.   Use a biological safety cabinet or a powdered air-purifying respirator.
      d.   Dispose of all waste materials to include disposable gloves and gowns as toxic hazardous waste.

7.   Determine the guidelines for training in a HAZCOM program.
      a.   Document initial training and forward a copy to the supporting military or civilian personnel office.
      b.   Provide additional training when there has been a change in hazard.
      c.   Conduct annual refresher training.
      d.   Document all hazard communication training.

NOTE: Initial training must be maintained on record for 30 years. Subsequent training must be maintained for a minimum of 5 years.

8.   Implement the required training that must be included in a HAZCOM training program IAW 29 CFR 1910.1200 and local standard operating procedure.
      a.   Provide a summary of the standard and written HAZCOM Plan.
      b.   Explain the specific hazards associated duties performed using hazardous chemicals during training.
      c.   Explain how to obtain, read, and interpret material safety data sheets and their location.
      d.   Explain how to read chemical warning labels.
      e.   Explain the protective measures including safe work practices and personal protective equipment.
      f.   Explain emergency evacuation and notification procedures.

9.   Provide the elements of a written HAZCOM Plan IAW 29 CFR 1910.1200 and local standard operating procedure.

      a.   List of all hazardous chemicals in the workplace.

NOTE: This inventory must be updated annually or whenever new chemicals are introduced into the work areas.

      b.   Information on the performance of nonroutine tasks (that is, cleaning with solvents).
      c.   Information on hazardous chemical labels.
      d.   Material safety data sheets.
      e.   Employee information and training.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	**GO**	**NO GO**
1 Determined the purpose and scope of the HAZCOM Standard IAW 29 CFR 1910.1200 for pharmacy functions.	_____	_____
2 Identified "hazardous substances" IAW 29 CFR 1910.1200.	_____	_____
3 Selected the steps in development of a HAZCOM program IAW 29 CFR 1910.1200.	_____	_____
4 Determined the sections or required information contained in material safety data sheet IAW 29 CFR 1910.1200 and local standard operating procedure.	_____	_____
5 Determined labeling requirements for hazardous chemicals IAW 29 CFR 1910.1200.	_____	_____
6 Identified the special precautions used in working with antineoplastic agents.	_____	_____
7 Determined the guidelines for training in a HAZCOM program.	_____	_____
8 Implemented the required training that must be included in a HAZCOM training program IAW 29 CFR 1910.1200 and local standard operating procedure.	_____	_____
9 Provided the elements of a written HAZCOM Plan IAW 29 CFR 1910.1200 and local standard operating procedure.	_____	_____

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
    29 CFR 1910.1200. *Hazard Communication*.
    AR 385-10. *The Army Safety Program*.
    AR 700-143. *Packaging of Hazardous Material*.

TM 38-410. *Storage and Handling of Hazardous Materials*.

Related

None

Maintain a Hospital Formulary
081-68Q-2007

Conditions: You are in an operational environment working in a pharmacy unit. Maintain the hospital formulary. Given unit's pharmacy and therapeutics committee meeting minutes, unit's current formulary list, access to the electronic healthcare information system's formulary or electronic equivalent, computer with printer, AR 40-3, and local standard operating procedures.

Standards: Maintain a hospital formulary in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review the hospital pharmacy and therapeutics minutes for additions, deletions, or changes in medications to be stocked by the pharmacy.

2. Ensure the pharmacy supply section purchases and receives the medications to be added to the formulary.

3. Add the information on the medication container to the formulary in accordance with local standard operating procedure.

4. Print a test label of the added medication.

5. Ensure the label information is printed correctly.

6. Ensure the new medication is placed on the pharmacy shelf in the appropriate quantity and location.

7. Ensure medications deleted from the formulary are marked inactive.

NOTE: Ensure there is a process in place to notify all patients receiving medications that are deleted or changed on the formulary, and the pharmacy has an adequate supply to fill prescriptions until the patient's prescriber changes the medication. Most often the deleted medication is stocked but placed in the "non-formulary" section until all patients have been notified and prescriptions have been changed.

8. Ensure deleted medications are turned into the pharmacy supply section for disposition.

9. Update pharmacy and therapeutics minutes changes into the formulary in accordance with local standard operating procedure.

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

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

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed the hospital pharmacy and therapeutics minutes for additions, deletions, or changes in medications to be stocked by the pharmacy.	_____	_____
2 Ensured the pharmacy supply section purchased and received the medications to be added to the formulary.	_____	_____
3 Added the information on the medication container to the formulary in accordance with local standard operating procedure.	_____	_____
4 Printed a test label of the added medication.	_____	_____
5 Ensured the label information was printed correctly.	_____	_____
6 Ensured the new medication was placed on the pharmacy shelf in the appropriate quantity and location.	_____	_____
7 Ensured medications deleted from the formulary were marked inactive.	_____	_____
8 Ensured deleted medications were turned into the pharmacy supply section for disposition.	_____	_____
9 Updated pharmacy and therapeutics minutes changes into the formulary in accordance with local standard operating procedure.	_____	_____
10 Updated any formulary listed on the hospital pharmacy website and any printed formulary distributed to hospital staff, civilian providers, or patients.	_____	_____
11 Informed pharmacy staff of any significant changes made to the formulary.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.

Related
None

Evaluate a Completed Controlled Pharmaceutical Order
081-68Q-2008

Conditions: You are in an operational environment working in the pharmacy-controlled substance area. Evaluate a completed controlled pharmaceutical order DD Form 1289 (*DOD Prescription Form*), or local electronic request. Given a computer with printer, labels, formulary or drug list, medication reference materials, medication stock bottles, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Evaluate a completed controlled pharmaceutical order in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Evaluate completed controlled pharmaceutical order (DD Form 1289 or electronic equivalent) for accuracy.
    a. Verify pharmaceutical order has an assigned prescription number.
    b. Verify correct medication is selected.
    c. Verify correct quantity or volume is filled.

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

    d. Verify correct labeling of prepackaged medication issued to clinics, emergency room, or unit dose.

NOTE: Check that quantities less than the unit of issue are correctly repackaged in accordance with tasks 081-68Q-0072, Process Prepackage Pharmaceuticals, and 081-68Q-0016, Prepare a Compound Pharmaceutical.

2. Ensure required auxiliary label is on prepacked prescription container dispensed to patients for clinic issue or use.

3. Notify the preparer to correct any discrepancies found.

4. Initial the prescription as final verification of medication quantity and accuracy.

5. Set the order aside for delivery or pickup.

NOTE: Security must be maintained in accordance with local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Evaluated completed controlled pharmaceutical order (DD Form 1289 or electronic equivalent) for accuracy.	_____	_____

Performance Measures:	GO	NO GO
2 Ensured required auxiliary label was on prepacked prescription container dispensed to patients for clinic issue or use.	_____	_____
3 Notified the preparer to correct any discrepancies found.	_____	_____
4 Initialed the prescription as final verification of medication quantity and accuracy.	_____	_____
5 Set the order aside 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
AR 40-3. *Medical, Dental, and Veterinary Care*.
DD Form 1289. *DOD Prescription Form*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Maintain Medical Materiel Quality Control Message Log

081-68Q-2013

This individual task was presented earlier in the STP on page 3-46 as a readiness requirements task. The content requirements are the same.

Manage Pharmacy Temperature Sensitive Medical Products

081-68Q-2014

This individual task was presented earlier in the STP on page 3-54 as a readiness requirements task. The content requirements are the same.

Evaluate a Completed Bulk Drug Order

081-68Q-2015

Conditions: You are in an operational environment working in the pharmacy section that is responsible for screening, filling, and checking bulk drug orders. The pharmacy specialist received a screened and filled DA Form 3875 (*Bulk Drug Order*), or electronic equivalent that must be evaluated. Given the most current formulary or drug list, authorized stockage lists from medication use areas, AR 40-3, TC 8-260, and local standard operating procedures.

Standards: Evaluate a completed bulk drug order in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Evaluate the bulk drug order for completeness and accuracy.

NOTE: The completed bulk drug order 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.

     a. 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.

     b. Verify labels generated for compounded or prepackaged medications are accurate.
     c. Check the auxiliary labels, if required.
     d. Verify the medication filled against the bulk drug order is the medication in the container.

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

        (1) Correct strength.
        (2) Correct dosage form.
        (3) Correct quantity.

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

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

4. Verify the DA Form 3875 pharmacy action column is properly annotated for unauthorized drugs, controlled substances, nonstocked items, and items temporarily out of stock.

NOTE: The number to be issued in the pharmacy action column must match what was filled.

5. Check the calculated work units.

6. Initial in the block titled "For Pharmacy Use Only" on DA Form 3875.

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

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Evaluated the bulk drug order for completeness and accuracy.	_____	_____
2	Ensured the medication was packaged in the proper container, and the end product displayed "pharmaceutical elegance."	_____	_____
3	Informed the screener and filler of any discrepancies with the completed bulk drug order, if necessary.	_____	_____
4	Verified the DA Form 3875 pharmacy action column was properly annotated for unauthorized drugs, controlled substances, nonstocked items, and items temporarily out of stock.	_____	_____
5	Checked the calculated work units.	_____	_____
6	Initialed in the block titled "For Pharmacy Use Only" on DA Form 3875.	_____	_____
7	Ensured the order was 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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> DA Form 3875. *Bulk Drug Order*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Skill Level 3

Subject Area 11: Outpatient Pharmacy

Plan a Field Pharmacy Layout

081-68Q-3000

Conditions: You are in an operational environment as the noncommissioned officer in charge assigned to a field unit hospital pharmacy operating in an austere environment. Plan a field pharmacy layout in a manner that optimizes security, safely stores medications, and is consistent with logistical considerations and pharmaceutical practices. Given a computer with printer, AR 40-3, TC 8-260, TC 8-13, most current International Standards Organization shelter or suitable tentage, authorized equipment, and local standard operating procedures.

Standards: Plan a field pharmacy layout in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Plan layout of pharmacy with regards to size, location of International Standards Organization shelter, suitable tentage, 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 International Standards Organization 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. Secure lock field safe or suitable container to the International Standards Organization 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 or 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 practices.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures: **GO**   **NO GO**

1   Planned layout of pharmacy with regards to size, location of International Standards Organization shelter, suitable tentage, authorized equipment, terrain, and drainage.   _____   _____

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

3   Secured lock field safe or suitable container to the International Standards Organization shelter or frame of tentage.   _____   _____

4   Placed refrigerator and other equipment in suitable locations without blocking air inlet or outlet.   _____   _____

5   Arranged remaining shelving and cabinets at the pharmacy entrance in such a way that outpatients and hospital staff could be greeted without unauthorized entry.   _____   _____

6   Stored medication in a manner consistent with logistical considerations and good pharmaceutical practices.   _____   _____

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
    AR 40-3. *Medical, Dental, and Veterinary Care*.
    TC 8-13. *Tactical Hospital Infrastructure*.
    TC 8-260. *Pharmacy Specialist*.

    Related
    None

Manage Competency Assessment Folders

081-000-3005

Conditions: You are assigned to a hospital environment, one of your responsibilities is to manage competency assessment folders. There is access to staff competency folders, local standard operating procedure, a pen, and access to the Joint Commission accreditation manual website.

Standards: Manage competency assessment folders in accordance with local policy and the Joint Commission requirements that address competency.

Performance Steps:

1. Perform an initial audit of competency assessment folders.

NOTE: Competency assessment should be based on type of equipment used, procedures conducted, diseases or conditions of patient population treated in relation to provider's knowledge and skills required to deliver quality and safe care.

   a. Ensure folders are all standardized and uniform.
   b. Identify and document deficiencies.
   c. Identify and document compliance.
   d. Notify personnel of deficiencies.
   e. Ensure notification is received and acknowledged.
   f. Allow adequate time for correction.

2. Perform periodic competency assessment folder audits based on local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Performed an initial audit of competency assessment folders.	_____	_____
2 Performed periodic competency assessment folder audits based on local standard operating procedure.	_____	_____

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
   Joint Commission website.

   Related
   None

Prepare Pharmacy Work Load Reports

081-68Q-3001

Conditions: You are in an operational environment working in the pharmacy support section. Prepare pharmacy workload reports. Given a computer with printer, AR 40-3, TC 8-260, current monthly work unit reports or local equivalent, all manually maintained work unit documents, and local standard operating procedures.

Standards: Prepare pharmacy workload reports in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1.   Collect the medical expense and performance report from the electronic healthcare information system for the desired completed month for all pharmacy work centers.

2.   Collect all manually maintained work unit documents from all pharmacy work centers.
   a.   Bulk Drug Orders.
   b.   Crash cart restocking.
   c.   After hours medication carts.
   d.   Control medication issues.

3.   Collect any other automated or computerized sources of workload not maintained by the electronic healthcare information system 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. Reconcile the calculated raw and weighted totals using the applicable workload assessment module within the electronic healthcare information system so the totals are equal.

9. Report total workload count in accordance with local standard operating procedure.

NOTE: Although clinical interventions are not part of the recognized workload, it is good practice to tabulate the number of interventions and the total time required to research interventions, and include them as add-ons to the report. Commercial clinical documentation software may be useful in tabulating interventions.

10. File report for future reference.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Collected the medical expense and performance report from the electronic healthcare information system for the desired completed month for all pharmacy work centers.	_____	_____
2	Collected all manually maintained work unit documents from all pharmacy work centers.	_____	_____
3	Collected any other automated or computerized sources of workload not maintained by the electronic healthcare information system from all pharmacy work centers.	_____	_____
4	Totaled the raw work units for each pharmacy work center sorted by each type of pharmacy work procedures.	_____	_____
5	Totaled the weighted work units for each pharmacy work center sorted by each type of pharmacy work procedures multiplying by the weighted factor.	_____	_____
6	Combined all raw work units from each pharmacy work center for a raw grand total for your unit.	_____	_____
7	Combined all weighted work units from each pharmacy work center for a weighted grand total for your unit.	_____	_____
8	Reconciled the calculated raw and weighted totals using the applicable workload assessment module within the electronic healthcare information system so the totals are equal.	_____	_____
9	Reported total workload count in accordance with local standard operating procedure.	_____	_____
10	Filed report for future reference.	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.
TC 8-260. *Pharmacy Specialist*.

Related
None

Maintain Pharmacy Computer Systems

081-68Q-3002

Conditions: You are in an operational environment working in the pharmacy section as a noncommissioned officer in charge. The pharmacy specialist is given a requirement to maintain pharmacy computer systems in your area. Given a computer with printer, AR 40-3, manufacturer's user manual, and local standard operating procedures.

Standards: Maintain pharmacy computer systems in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Perform preventive maintenance checks and services in accordance with manufacturer's recommendations and local standard operating procedures.

2. Ensure maintenance contracts are maintained for all computer systems in your area.

3. Request needed repairs through the facility computer help desk or as directed by manufacture's maintenance support contract.

4. Review computer systems for possible software and hardware upgrades or replacement.

5. Request upgrades or replacements when systems reach life expectancies.

6. Turn in outdated equipment.

7. Review all computer systems upgrades and arrange for training of pharmacy staff as applicable.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Performed preventive maintenance checks and services in accordance with manufacturer's recommendations and local standard operating procedures.	_____	_____
2	Ensured maintenance contracts were maintained for all computer systems in your area.	_____	_____
3	Requested needed repairs through the facility computer help desk or as directed by manufacturer's maintenance support contract.	_____	_____
4	Reviewed computer systems for possible software and hardware upgrades or replacement.	_____	_____
5	Requested upgrades or replacements when systems reach life expectancies.	_____	_____
6	Turned in outdated equipment.	_____	_____

Performance Measures: **GO**   **NO GO**

  7   Reviewed all computer systems upgrades and arranged for   _____   _____
      training of pharmacy staff as applicable.

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
    AR 40-3. *Medical, Dental, and Veterinary Care*.

    Related
    None

Manage Hand Receipt on Pharmacy Equipment
081-68Q-3004

Conditions: You are in an operational environment as the noncommissioned officer in charge of the pharmacy section. Manage the hand receipt on pharmacy equipment. Given computer with printer, AR 40-61, AR 735-5, DA Form 3161 (*Request for Issue or Turn-in*), DA Form 1687 (*Notice of Delegation of Authority - Receipt for Supplies*), and local standard operating procedures.

Standards: Manage hand receipt on pharmacy equipment in accordance with AR 40-61 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Ensure all equipment listed on hand receipt is properly identified.

NOTE: Hand receipt holders are appointed on orders in accordance with local policy.

2. Conduct quarterly sensitive item inventories and semiannually physical inventories in accordance with local policy.

3. Request maintenance and repair for equipment in accordance with manufacturer guidelines or local policy.

4. Use DA Form 3161 to identify excess or obsolete equipment to the property book office.

5. Report to the property book office any equipment received directly from a vendor or any nonexpendable equipment not recorded on the hand receipt.

6. Prepare DA Form 1687 for equipment in accordance with local standard operating procedure.

7. Initiate a report of survey for damaged or destroyed property to the property book office.

8. Perform a joint inventory inspection of all equipment on the hand receipt when a change of the hand receipt holder is warranted.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Ensured all equipment listed on hand receipt was properly identified.	_____	_____
2	Conducted quarterly sensitive item inventories and semiannually physical inventories in accordance with local policy.	_____	_____
3	Requested maintenance and repair for equipment in accordance with manufacturer guidelines or local policy.	_____	_____

Performance Measures:	**GO**	**NO GO**
4 Used DA Form 3161 to identify excess or obsolete equipment to the property book office.	_____	_____
5 Reported to the property book office any equipment received directly from a vendor or any nonexpendable equipment not recorded on the hand receipt.	_____	_____
6 Prepared DA Form 1687 for equipment in accordance with local standard operating procedure.	_____	_____
7 Initiated a report of survey for damaged or destroyed property to the property book office.	_____	_____
8 Performed a joint inventory inspection of all equipment on the hand receipt when a change of the hand receipt holder was warranted.	_____	_____

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**
> AR 40-61. *Medical Logistics Policies*.
> AR 735-5. *Property Accountability Policies*.
> DA Form 1687. *Notice of Delegation of Authority - Receipt for Supplies*.
> DA Form 3161. *Request for Issue or Turn-in*.
>
> **Related**
> None

Skill Level 4

Subject Area 12: Pharmacy Program

Manage Pharmacy Safety Programs

081-68Q-4002

Conditions: You are in an operational environment as the noncommissioned officer in charge of the pharmacy section. Manage the pharmacy safety programs. Given computer with printer, AR 40-3, appropriate federal guidelines, and local standard operating procedures.

Standards: Manage pharmacy safety programs in accordance with AR 40-3 and local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review standard operating procedures and applicable federal regulations annually.

2. Review fire and safety program.
    a. Ensure fire and safety checks (that is, fire extinguishers, alarm system, ceiling clearance, exits blocked, eyewash stations, or fire blankets) are performed according to standard operating procedures and federal regulations.
    b. Ensure the appointed noncommissioned officer and staff are current with training.

3. Review hazardous communication program.
    a. Ensure the appointed noncommissioned officer and staff are current with training.
    b. Check for the location and completeness of the Material Safety Data Sheet notebook.
    c. Ensure hazardous materials and carcinogenic substances are isolated, inventoried, properly stored, and labeled.

4. Ensure the availability of required equipment for safe handling of hazardous materials (such as, gloves, eye goggles, aprons, and spill kits).

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

Performance Measures:	GO	NO GO
1 Reviewed standard operating procedures and applicable federal regulations annually.	_____	_____
2 Reviewed fire and safety program.	_____	_____
3 Reviewed hazardous communication program.	_____	_____
4 Ensured the availability of required equipment for safe handling of hazardous materials (such as, gloves, eye goggles, aprons, and spill kits).	_____	_____

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
AR 40-3. *Medical, Dental, and Veterinary Care*.

Related
None

Conduct Pharmacy Staff Assistance Visits, Inspections, or Audit

081-68Q-4003

Conditions: You are in an operational environment as the noncommissioned officer in charge of the pharmacy section. Conduct pharmacy staff assistance visits, inspections, and audits in all pharmacy sections and outlying pharmacy areas. Given computer with printer, AR 40-3, appropriate federal, regional, and local guidelines, current local or regional approved inspection checklists, and local standard operating procedures (SOPs).

Standards: Conduct pharmacy staff assistance visits, inspections, or audits in accordance with AR 40-3 and local SOP with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Review the staff assistance visits or inspection SOP.

2. Review all Department of the Army regulations that affect pharmacy services.

3. Review all regional regulations, policies, and SOPs that affect pharmacy services.

4. Review all local policies and SOPs that affect pharmacy services.

5. Review all pharmacy SOPs.

NOTE: Review SOPs for pharmacy administration, outpatient services, supply and supply services, inpatient services, and clinical services.

6. Review pharmacy publications and files.

NOTE: Review current formulary, pharmacy and therapeutics committee meeting minutes, and quality assurance and process improvement minutes. Review competency assessment SOP and guidelines and competency data folders for the unit.

7. Conduct staff assistance visit, inspection, or audit in accordance with approved checklists.
    a. Administrative.
        (1) Review of SOPs, publications, and regulations.
        (2) Record and file management.
        (3) Physical security training.
        (4) Competency data files.
    b. Supply management and medication storage.
    c. Controlled substances management.
    d. Outpatient services; review of prescribing lists and disease state management guidelines.
    e. Inpatient services.
    f. Quality control.
    g. Process improvement.
    h. Investigational drug management.

8.   Provide feedback directly to the department chief or noncommissioned officer in charge of the inspected pharmacy area.

9.   Provide a copy of the completed checklist to the inspected pharmacy department chief and noncommissioned officer in charge.

10. Review current staff assistance visits or inspection SOP and checklist annually.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Reviewed the staff assistance visits or inspection SOP.	_____	_____
2	Reviewed all Department of the Army regulations that affected pharmacy services.	_____	_____
3	Reviewed all regional regulations, policies, and SOPs that affected pharmacy services.	_____	_____
4	Reviewed all local policies and SOPs that affected pharmacy services.	_____	_____
5	Reviewed all pharmacy SOPs.	_____	_____
6	Reviewed pharmacy publications and files.	_____	_____
7	Conducted staff assistance visit, inspection, or audit in accordance with approved checklists.	_____	_____
8	Provided feedback directly to the department chief or noncommissioned officer in charge of the inspected pharmacy area.	_____	_____
9	Provided a copy of the completed checklist to the inspected pharmacy department chief and noncommissioned officer in charge.	_____	_____
10	Reviewed current staff assistance visits or inspection SOP and checklist annually.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
>
> **Related**
> None

Manage Pharmacy In-Service Training Programs
081-68Q-4004

Conditions: You are in an operational environment as the noncommissioned officer in charge. Manage pharmacy in-service training programs. Training can be accomplished through traditional lecture, individual instruction, written, electronic learning, or other adult learning methods. You are given AR 350-1, computer with printer, all required local guidance, directives, and required references.

Standards: Manage pharmacy in-service training programs that meet 100% of all mandatory training requirements in accordance with AR 350-1 and local guidance and directives utilizing GO/NO GO criteria.

Performance Steps:

1. Identify specific training requirements and current training deficiencies.

2. Establish the purpose and scope of the training to be conducted.

3. Analyze introduction of new training and required outputs.

4. Design the details of when, where, and how training outcomes will be met.

5. Develop the approved in-service training program into a completed, approved, and validated product.

6. Implement the in-service training program.

7. Evaluate the in-service training program and make any necessary changes.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Identified specific training requirements and current training deficiencies.	_____	_____
2	Established the purpose and scope of the training to be conducted.	_____	_____
3	Analyzed introduction of new training and required outputs.	_____	_____
4	Designed the details of when, where, and how training outcomes would be met.	_____	_____
5	Developed the approved in-service training program into a completed, approved, and validated product.	_____	_____
6	Implemented the in-service training program.	_____	_____
7	Evaluated the in-service training program and made any necessary changes.	_____	_____

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
AR 350-1. *Army Training and Leader Development*.

Related
None

Manage Pharmacy Security Programs

081-68Q-4001

This individual task was presented earlier in the STP on page 3-33 as a readiness requirements task. The content requirements are the same.

Subject Area 13: Support Pharmacy

Manage Pharmacy Equipment Maintenance Contracts

081-68Q-4000

Conditions: You are in an operational environment as the noncommissioned officer in charge of the pharmacy section. Manage pharmacy equipment maintenance contracts which may be civilian or government in nature and are negotiated through a contracting officer representative. You will need a computer with printer, AR 715-9, DA Form 3953 (*Purchase Request and Commitment*) or local equivalent, DD Form 250 (*Material Inspection and Receiving Report*)*,* a copy of the approved funded maintenance contract for each piece of equipment covered by a contract, and local standard operating procedures.

Standards: Manage pharmacy equipment maintenance contracts in accordance with local standard operating procedure with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Identify pharmacy equipment requiring maintenance contracts.

2. Submit DA Form 3953 or local equivalent for maintenance contracts to the resource management office or contracting office.

3. Obtain a copy of the approved and funded maintenance contract prepared by resource management office or contracting office.

4. Monitor the contractor's performance.

5. Ensure equipment is maintained according to the contract and operator's manual.

6. Prepare a DD Form 250 or local equivalent from the invoice received from the contracted company.

NOTE: Contracts may be paid monthly, quarterly, semiannually or annual. Most contractors offering services to the government have a government representative who can provide copies of invoices and verify payments are received by the contractor.

7. Submit invoice for payment by the Defense Finance Accounting Service in accordance with the contract and local standard operating procedure.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	GO	NO GO
1	Identified pharmacy equipment requiring maintenance contracts.	_____	_____
2	Submitted DA Form 3953 or local equivalent for maintenance contracts to the resource management office or contracting office.	_____	_____

Performance Measures:	GO	NO GO
3 Obtained a copy of the approved and funded maintenance contract prepared by resource management office or contracting office.	_____	_____
4 Monitored the contractor's performance.	_____	_____
5 Ensured equipment was maintained according to the contract and operator's manual.	_____	_____
6 Prepared a DD Form 250 or local equivalent from the invoice received from the contracted company.	_____	_____
7 Submitted invoice for payment by the Defense Finance Accounting Service in accordance with the contract and local standard operating procedure.	_____	_____

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
    AR 715-9. *Operational Contract Support Planning and Management*.
    DA Form 3953. *Purchase Request and Commitment*.
    DD Form 250. *Material Inspection and Receiving Report*.

    Related
    None

Skill Level 5

Subject Area 14: Pharmacy Program

Manage the Pharmacy Emergency Preparedness Program

081-68Q-5000

Conditions: You are in an operational environment as the noncommissioned officer in charge of a pharmacy that has the potential to receive mass causalities (MASCALs) due to a military or civilian catastrophe or disaster. Manage the pharmacy emergency preparedness program for pharmaceutical support in the event of a MASCAL. Given computer with printer, AR 40-3, TC 8-260, appropriate regulatory guidance, and local standard operating procedures (SOPs).

Standards: Manage the pharmacy emergency preparedness program in accordance with AR 40-3 and local SOP with 100% accuracy utilizing GO/NO GO criteria.

Performance Steps:

1. Inventory critical drugs within the pharmacy.

NOTE: Identify antidotes that are used to support chemical and biological threats or exposure such as nerve agents, anthrax, and smallpox.

2. Contact medical logistics or prime vendor to determine the extent of inventory for critical drugs.

3. Report findings to the pharmacy officer.

4. Establish anticipated pharmaceutical requirements for each ward, in the event of a MASCAL, based on the perceived threat.

NOTE: It is good practice to establish push packages (predetermined supply lists) that can be activated in the event of a MASCAL. At a minimum you should have push packages established for the emergency or triage area, operating room, and anesthesia. Ensure that procedures for issuing of controlled substances during a MASCAL are in place.

5. Determine the inventory of these pharmaceuticals necessary to support push packages and ensure their availability.

6. Determine the specific duties of pharmacy personnel during a MASCAL in accordance with local SOP.

7. Assign pharmacy personnel areas of responsibility to support MASCALs.

8. Update the pharmacy SOP and the unit's SOP annually or as needed.

NOTE: Make recommendations for changes to the SOP to Chief, Pharmacy and ensure the pharmacy's MASCAL procedure is published annually.

9. Educate pharmacy personnel on the SOP.

NOTE: Most unit SOPs require that MASCAL exercises be performed annually.

10. Conduct practice MASCAL exercises with staff members until proficient.

Evaluation Preparation: Evaluate the Soldiers on their performance of this task in a field condition related to the actual task.

	Performance Measures:	**GO**	**NO GO**
1	Inventoried critical drugs within the pharmacy.	_____	_____
2	Contacted medical logistics or prime vendor to determine the extent of inventory for critical drugs.	_____	_____
3	Reported findings to the pharmacy officer.	_____	_____
4	Established anticipated pharmaceutical requirements for each ward, in the event of a MASCAL, based on the perceived threat.	_____	_____
5	Determined the inventory of these pharmaceuticals necessary to support push packages and ensured their availability.	_____	_____
6	Determined the specific duties of pharmacy personnel during a MASCAL in accordance with local SOP.	_____	_____
7	Assigned pharmacy personnel areas of responsibility to support MASCALs.	_____	_____
8	Updated the pharmacy SOP and the unit's SOP annually or as needed.	_____	_____
9	Educated pharmacy personnel on the SOP.	_____	_____
10	Conducted practice MASCAL exercises with staff members until proficient.	_____	_____

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**
> AR 40-3. *Medical, Dental, and Veterinary Care*.
> TC 8-260. *Pharmacy Specialist*.
>
> **Related**
> None

Glossary

Section I

ADP	Army doctrine publication
AF	Air Force
AR	Army regulation
C	Celsius
CBRN	chemical, biological, radiological, and nuclear
CFR	Code of Federal Regulations
DA Form	Department of the Army Form
DA Pam	Department of the Army Pamphlet
DD Form	Department of Defense Form
DOD	Department of Defense
F	Fahrenheit
FM	field manual
HAZCOM	hazard communication
IAW	in accordance with
IV	intravenous
LAFH	laminar airflow hood
MASCAL	mass casualty
MMQC	medical materiel quality control
MOS	military occupational specialty
NCO	noncommissioned officer
OF	optional form
SB	supply bulletin
SF	standard form
SMCT	Solder's manual of common tasks
SOP	standing operating procedure
STP	Soldier training publication
TC	training circular
TM	technical manual
TSMP	temperature sensitive medical products
°	degree

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References

All websites accessed on March 14, 2023

REQUIRED PUBLICATIONS

These documents must be available to the intended users of this publication.

DOD Dictionary of Military and Associated Terms. February 2023.

ADP 7-0. *Training*. 31 July 2019.

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AR 40-3. *Medical, Dental, and Veterinary Care*. 23 April 2013.

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AR 190-13. *The Army Physical Security Program*. 27 June 2019.

AR 190-51. *Security of Unclassified Army Resources (Sensitive and Nonsensitive)*. 27 June 2019.

AR 350-1. *Army Training and Leader Development*. 10 December 2017.

AR 700-143/DLAR 4145.41/NAVSUPINST 4030.55D/AFI 24-210_IP/MCO 4030.40C. *Packaging of Hazardous Material*. 13 April 2015.

AR 385-10. *The Army Safety Program*. 24 February 2017.

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