

IC 25-26-16
Chapter 16. Drug Regimens

IC 25-26-16-1

"Protocol"

Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of a:

- (1) hospital listed in IC 16-18-2-161(a)(1); or
- (2) physician licensed under IC 25-22.5;

concerning the adjustment of a patient's drug regimen by a pharmacist.

As added by P.L.114-1996, SEC.2. Amended by P.L.1-2009, SEC.143; P.L.197-2011, SEC.110.

IC 25-26-16-2

Adjustment

Sec. 2. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:

- (1) changes the duration of treatment for a current drug therapy;
- (2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;
- (3) discontinues the use of a drug; or
- (4) adds a drug to the treatment regimen.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-3

Protocol upon hospital admission

Sec. 3. (a) At the time of admission to a hospital that has adopted a protocol under this chapter, the following apply:

- (1) The admitting practitioner shall signify in writing in the form and manner prescribed by the hospital whether the protocol applies in the care and treatment of the patient.
- (2) A pharmacist may adjust the drug therapy regimen of the patient pursuant to the:
 - (A) written authorization of the admitting practitioner under subdivision (1); and
 - (B) protocols of the hospital.

The pharmacist shall review the appropriate medical records of the patient to determine whether the admitting practitioner has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen. The admitting practitioner may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

(b) The authorization of the admitting practitioner to use the protocol shall be entered immediately in the patient's medical record, if required by the protocol.

As added by P.L.114-1996, SEC.2. Amended by P.L.98-2006, SEC.27; P.L.197-2011, SEC.111.

IC 25-26-16-3.5

Protocol application

Sec. 3.5. (a) This section does not apply to a protocol adopted in a hospital.

(b) Upon authorization of a physician who has adopted a protocol under this chapter, the following apply:

(1) The physician shall signify in writing whether the protocol applies in the care and treatment of the patient.

(2) A pharmacist may adjust the drug therapy regimen of the patient under the authorization of the physician.

(3) The pharmacist shall review the appropriate medical records of the patient to determine whether the physician has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen.

(c) The physician who has adopted a protocol under this chapter:

(1) shall take appropriate actions to assure that the pharmacist has the appropriate training to administer the protocol; and

(2) may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

As added by P.L.197-2011, SEC.112.

IC 25-26-16-4**Minimum protocol requirements**

Sec. 4. (a) This section applies to a pharmacist who is practicing in a hospital:

(1) that is listed in IC 16-18-2-161(a)(1); and

(2) in which the pharmacist is supervised by a physician as required under the protocols of the facility that are developed by health care professionals, including physicians, pharmacists, and registered nurses.

(b) The protocols developed under this chapter must at a minimum require that the medical records of the patient are available to both the patient's practitioner and the pharmacist and that the procedures performed by the pharmacist relate to a condition for which the patient has first seen a physician or other licensed practitioner.

As added by P.L.114-1996, SEC.2. Amended by P.L.1-2009, SEC.144.

IC 25-26-16-4.5**Protocol for pharmacists**

Sec. 4.5. (a) This section does not apply to a pharmacist who is practicing in a hospital.

(b) As used in this section, "direct supervision" means that the supervising physician is readily available to consult with the pharmacist while the protocol services are being provided.

(c) This section applies to a pharmacist who:

(1) is employed by, or has entered into a contract with, a physician, a group of physicians, or an outpatient clinic; and

(2) is under the direct supervision of a physician.

(d) The protocols developed under this chapter must:

(1) be developed by the physician described in subsection (c)(2)

and the pharmacist; and

(2) at a minimum, require that:

(A) the medical records of the patient are available to both the patient's physician and the pharmacist; and

(B) the procedures performed by the pharmacist relate to a condition for which the patient has first seen the physician or another licensed practitioner.

As added by P.L.197-2011, SEC.113.

IC 25-26-16-5

Implementation, revision, or renewal of protocol

Sec. 5. (a) If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

(b) If a physician elects to implement, revise, or renew a protocol in a setting other than a hospital or private mental health institution, the physician shall consult with a pharmacist. However, the physician is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

As added by P.L.114-1996, SEC.2. Amended by P.L.197-2011, SEC.114.

IC 25-26-16-6

Modification of written protocol

Sec. 6. Except for the addition or deletion of authorized practitioners and pharmacists, a modification to written protocols requires the initiation of a new protocol.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-7

Annual review

Sec. 7. A protocol of a health care facility or a physician that is developed under this chapter must be reviewed at least annually.

As added by P.L.114-1996, SEC.2. Amended by P.L.197-2011, SEC.115.

IC 25-26-16-8

Documentation

Sec. 8. Documentation of protocols must be maintained in a current, consistent, and readily retrievable manner. A pharmacist is required to document decisions made under this chapter in a manner that shows adequate, consistent, and regular communication with an authorizing practitioner. After making an adjustment or a change to the drug regimen of a patient, the pharmacist shall immediately enter the change in the patient's medical record.

As added by P.L.114-1996, SEC.2.

IC 25-26-16-9

Confidentiality; liability

Sec. 9. (a) This chapter does not modify the requirements of other statutes relating to the confidentiality of medical records.

(b) This chapter does not make any other licensed health care provider liable for the actions of a pharmacist carried out under this section.

As added by P.L.114-1996, SEC.2.