



Issue: Drug Storage Categories

Raised by: Remote Health Pharmacy Group

Background: There has been long standing, but low key, debate about the most suitable way to arrange pharmacy stock in remote health centres. Drug storage rooms come in many shapes and sizes and a range of categorisations currently exist across the NT. This has historically, in part, led to the existence of various storage arrangements.

Implementation of the Remote Health [Standard Drug List](#) (SDL) has brought this topic back to current discussion. There are a number of practical benefits that can be gained if the SDL incorporates specific and agreed categorisation of its contents, and drug storage rooms are set up using a corresponding layout. Examples of benefits include: order forms that follow the layout of shelves will make ordering much easier; staff moving between health centres can more readily find stock, etc.

Discussion: The RH Pharmacy Group has unanimously agreed that potential benefits exist in moving to a standard drug storage room layout. This recognition equally understands that this may involve significant change in some sites so is not a light decision. In choosing an appropriate categorisation it is also appreciated that no grouping will perfectly address needs. The Group has considered the basic options available.

An overarching premise is to use alphabetical order by the item's generic name, within any given category.

Two sub categorisations are considered to be non negotiable: refrigerated items and drug safe items ([S8/RS4s](#)).

For all other stock, the basic options considered are discussed below.

1. Maintain all stock in alphabetical order, with no further categorisation. Some advantage is seen in this approach but may cause problems in the good use of shelving layouts in some health centres. It can also compound difficulties in locating stock where it is difficult to recall the utilised generic name.
2. Segregation of stock by drug action (e.g. 'analgesics'). The main concerns with this approach are items that potentially fit across more than one category; others that don't readily fit in any category. An argument for this approach is to be able to view available stock within a category and make a choice. The counter to this is that Remote Health practice is based on use of authorised clinical protocols and choice in this way is not usually a valid best practice approach in any case.
3. Segregation of stock by dose form. This is the preferred basic option for ease of management and allows a degree of flexibility with individual drug storage room idiosyncrasies. This option still requires agreement on the breakdown of dose forms.

CATEGORIES:

- Refrigerated
- Drug safe
- Oral
- Injectable
- Topical
- Infusion
- Inhalational
- Non Drug

In choosing the third option, the Pharmacy Group has debated the various forms and has agreed on the categories as shown at right:

Outcome: Remote Health will adopt the categorisation (as shown) for use in the layout of stock in all health centres.

Note: Conversion to the new standard will be coordinated by the S100 contracted pharmacist visiting each health centre on the next routine visit.

The Standard Drug List will indicate the appropriate category in the 'Location' column. A [version](#) of the SDL sorted by category will be made available.

Order forms will be sorted by category.

The Atlas item [Drug Storage Room Standards](#) now reflects this information.