A&E PASSOVERf

Pharmacy A&E - Read me first!

No	Issue	Note
1	Report Duty for On-Call & Security	1. On-call pegawai please report for duty early, e.g. at least 10 minutes to ensure smooth transition of passover. If you think you might be late, please inform us (**Ext: 6100**) 2. Kindly fill up the attendance, please remind your prp/ppf as well. • Write your name, unit and sign in the on-call attendance • Attendance link: https://docs.t.com/forms/d/e/1FAIpQLSfOXXDR3tE1kzPeUO8CfJL53rNawFm2TkQVvIoYIfwaLdMtCw/viewform` 3. Tagging is compulsory for those who have not done / ED shift before, please contact PF in charge for a tagging session prior to your shift. **4.Kindly make sure the main door is being locked all the time.** 5. Log in to your own account in PhIS and click **'Kaunter Farmasi Kecemasan'.** **6. Kindly fill up ED checklist completely and passover to next person.**
2	DD Check and Found	Do Check & Found at the beginning of your shift • Take key 16 → open key box B located at Laci F → Take key 18→open Laci D→ do check & found • Please keep DD prescription in DD drawer after dispensing. • DO NOT give half tablet dosing, round-up and supply tablet as whole • **Please transcribe all DD prescriptions with the correct amount dispensed.**
3	Keys movement record	1. Get the person who sends/receives the keys to record movement into **"Buku Rekod Kunci Induk Farmasi Kecemasan"** accordingly. Write **FULL NAME** and then sign. Use ONLY **BLUE** / **BLACK** pen to record. **NO RED**

		ink! 2. Any error has to be **struck off** and **initialed**. **NO liquid paper!** 3. Person in charge will be held accountable if any unfavourable events 4. as per signature in Keys Movement Record
4	DD Key Passover	Write your full name & sign in **Rekod Pergerakan Kunci DD** during your on-call shift ***Applies to PF Only* (found in attendance link)**
5	Check fridge temperature; Record in chart	Check the fridge temperature (USING TempGuard ULTIMATE), Ensure it is within the normal range (e.g. fridge: 2~8°C; room: 15~25°C) ● Record temperature at 8am and 8pm daily on the temperature charts (located in the rack beside the fridge)
6	Check drugs availability when in doubt	5. Check drug availability in A&E Pharmacy using our **A&E Master Index** (available in *Chrome Browser*) or hardcopy 6. If it is not in A&E Master Index, check our **HKL Drug List** to locate which department is keeping it (available in *Chrome Browser* & desktop) or can use Rx Connect. 7. If drug item is kept in other pharmacies besides FBW, call the passive-caller FIRST to discuss further action 8. Please note that many KPK items are not listed in our **HKL Drug List**
7	**Stocks related issue(s)**	1. **ALL LIST A items need to be countersigned by UD 54/ specialist (exception for ORTHO Dr)** 2. Actifed (Triprolidine+pseudoephedrine) is **no longer available.** Alt: T. Piriton (chlorpheniramine). **3. Current regime for PEP: TENVIR-EM + DOLUTEGRAVIR 1 TAB OD X 1/12** **2. Diosmin and hesperidin (Daflon)** regime is only for 2 weeks including tapering 2. **MDI Salbutamol:** Can only be supplied for Ward Discharge cases. It is kept as Floor Stock at Asthma Bay hence we will not supply any to ED outpatients.

		(Refer original memo (4/1/2011): HERE)
8	Rabies Ig and rabies vaccine	**Rabies Ig(Antirabies Immunoglobulin)** • Can only be started by **medical specialist oncall or ID team** • **MAX 1 VIAL** only per patient as practised by ID team • Administered **ONCE** only • **PLEASE RECORD** the usage when supplied!!! • For pinjaman please inform ED passive caller **Rabies Vaccine (Verorab)** • Can be started by **ED pakar** • If by IM route: 0.5ml 4 times(Day 0, 3, 7 & 14) • If by ID route: 0.1 ml at 2 site, 03 times (Day 0,3&7) • Day 0 is not counted as day 1 (ie if day 0 at 1/7/22 then day 3 will be at 4/7/22) • No full supply 3 or 4 vaccines to patient • Kindly record in bin card for each supply
9	Paxlovid	1. If any new case for Paxlovid , kindly make sure started by **Pakar ID.** Pakar kecemasan/ klinikal also need to get consent from pakar ID 1st. Make sure the ward sent paxlovid checklist. check for the correct dose & any interactions before release. 2. Must contact PF Anitha/ Ashikin/ Ammar 1st before release even if already reviewed by pakar ID (because got other short expiry covid medicines that we would like to suggest & clear 1st if possible) 3. Paxlovid stocks are kept at Farmasi Pesakit Dalam Tingkat 2. 4. Refer to the work flow/ supply information from Paxlovid folder (bookmarked at each PC @ FPDU linktree)

10	Aspirin	Current brand of aspirin are not allowed to cut. Pt need to freshly prepare as follows: **Crush and mix one tablet with 10 ml of water. Drink 5ml (dose 75mg) from the mixture and discard the balance. Repeat every day.** Please provide pt with a syringe. Since balance is discarded, make sure the quantity of aspirin given is doubled.
11	**Aircond**	1. **Aircond A** (above computer) to be on from **8am to 8pm** 2. **Aircond B** (behind) to be on from **8pm to 8am** 3. When adjusting the aircond temperature please make sure the room temperature does not exceed 25 'C
12	ED OPD Prescriptions	1. **ALL LIST A items need to be countersigned by UD 54 / specialist (exception for ORTHO Dr)** 2. **All Rx have to be transcribed via PHIS** (100% transcribing is compulsory, retrospective transcribing has to be done after PHIS service resumes in case PHIS is down). 3. **All Rx are compulsory to be dispensed** in PHIS before end of your oncall. 4. Kindly make sure the **dispensing location** is **Kaunter Farmasi Kecemasan.** 5. Rx with **Antivenom**: countersignature from ED specialist is needed. 6. Rx with **Item Pakar**: Specialist countersignature is needed **or** it can be supplied if it is endorsed by UD 54 7. **Anaes / APS (Acute Pain Service) team:** Must tend to ALL their requests. They use T. Amitriptyline 12.5mg to treat pain. Refer to our PAIN MANAGEMENT in A&E when in doubt.

13	Prescriptions After Office Hours (AOH)-	1. Discharge Rx from Inpatient: ○ ED caters all after FPD working hours ○ FPD operating hours as below: ○ Weekdays: 7.30am - 9.00pm ○ Weekends & PH: 8.00am - 9.00pm ○ Supply only for ONE month, get the medicine(s) from FPD if it is not available at ED pharmacy. 2. **ED Inpatient Rx:** Any supply issue, pls kindly refer ED passive caller/ FBW Passive caller. 3. **Supply on ED Inpatient antibiotics**: Culture and sensitivity is difficult to be obtained at ED department, hence, PF on call can supply 1st as long as indications/ dose/ frequency being screened correctly and do passover to the respective clinical pharmacist on the following days. 4. **Inpatient Rx from ward:** Any supply issue, pls kindly refer Passive caller from respective satellites/ unit. Kindly record ED item supplied for ward supply. 5. **Stat dose antibiotics** need to be supplied as soon as possible. If clarification is needed, the oncall pharmacist **should call the prescriber DIRECTLY** and follow up promptly. 6. **Anaes / APS (Acute Pain Service) team:** Must tend to ALL their requests. They use T. Amitriptyline 12.5mg to treat pain. Refer to our PAIN MANAGEMENT in A&E when in doubt.
14	Troubleshooting	1. QMS: Restart the QMS PC first, if not working, call Radicare (6339) to lodge a report, give manual numbering ticket papers in the meantime. 2. Label Printer: Restart the printer first, if not working, label manually but items should be all transcribed on PHIS.

15	End of Shift	1. Kindly **TOP-UP** ALL MEDICATIONS at counter before shift ends 2. Bundle up ALL the Rx in a plastic bag, mark it with DATE, DAY & TIME **(e.g. 29/1/2019, Tuesday, 5pm-8am)** and place inside TOYOGO under bookshelf 3. Remember to complete the **ED CHECKLIST ONCALL** 4. It is YOUR responsibility to keep the place tidy at all times to provide a functional and comfortable working environment for your colleagues who will take over your shift. 5. **No more keeping 'ubat haram' at ED Pharmacy**. Please return all the medications taken from FBW if not using it. 6. Kindly **monitor temp guard tablet** for any alert/sms and inform the respective PIC. 7. Kindly **record all the AOH medications supplied as inpatient ps (for ED item only)** using QR code that is available on the filling counter and injections rack. 👏 *Congratulations! You've survived another night~* 👏

Urgent Care Centre (UCC) -read me first!

No	Issue	Note
1	Report Duty for On-Call	1. On-call pegawai please report for duty early, e.g. at least 10 minutes to ensure smooth transition of passover. 2. Extension**: 6633** 3. Tagging is compulsory for those who have not done UCC shift before, please contact PF in charge for a tagging session at least one week prior to your shift. 4. Key to open UCC Pharmacy is kept at ED Pharmacy. Roller Shutter has to be shut before returning the key to ED pharmacy. **5. Kindly fill up google form for attendance, laporan passover ucc/mh/ed and borang laporan keselamatan**
2	Keys movement record	1. Get the person who sends/receives the keys to record movement into **"Buku Rekod Kunci Induk Farmasi Kecemasan"** accordingly. Write **FULL NAME** and then sign. 2. Any error has to be **struck off** and **initialed**. NO liquid paper! 3. Person in charge will be held accountable if any unfavourable events occurred as per signature in Keys Movement Record.
3	Check & record room temperature	1. Record temperature at 4pm on weekend oncall temperature charts is located at the side of the fridge.
4	UCC Prescriptions	1. All Rx have to be transcribed via PHIS (100% transcribing is compulsory, retrospective transcribing has to be done after PHIS service resumes in case PHIS is down). 2. All Rx are compulsory to be dispensed in PHIS before end of your oncall.

5	Troubleshooting	1. QMS: Restart the QMS PC first, if not working, call Radicare (6339/6388) to lodge a report, give manual numbering tickets in the meantime. 2. Label Printer: Restart the printer first, if not working, label manually but items should be all transcribed into PHIS.
6	End of Shift	1. Kindly **TOP-UP** ALL MEDICATIONS at counter before shift ends, please remind your PRP/PPF on duty. 2. Kindly fill up the 'Laporan Passover Oncall UCC/F.B.Madani/Farmasi Kecemasan' before end of your shift. 3. Fill in Laporan si stem pegawai Bertugas at https://docs.google.com/forms/d/e/1FAIpQLSev48fqBQPuu4LW5mBPNIMb9ggOgC-fS6mGvnq8LZYn9yQZRQ/viewform

FPDU Oncall Passover (Farmasi Pesakit Dalam Utama)

Kindly click the link below for FPDU Oncall Passover:

https://sites.google.com/view/fbwoncallpassover/home

https://linktr.ee/FPDU

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FIUND Passover

Click here to view FIUND Passover

https://sites.google.com/moh.gov.my/fiunpassover/home

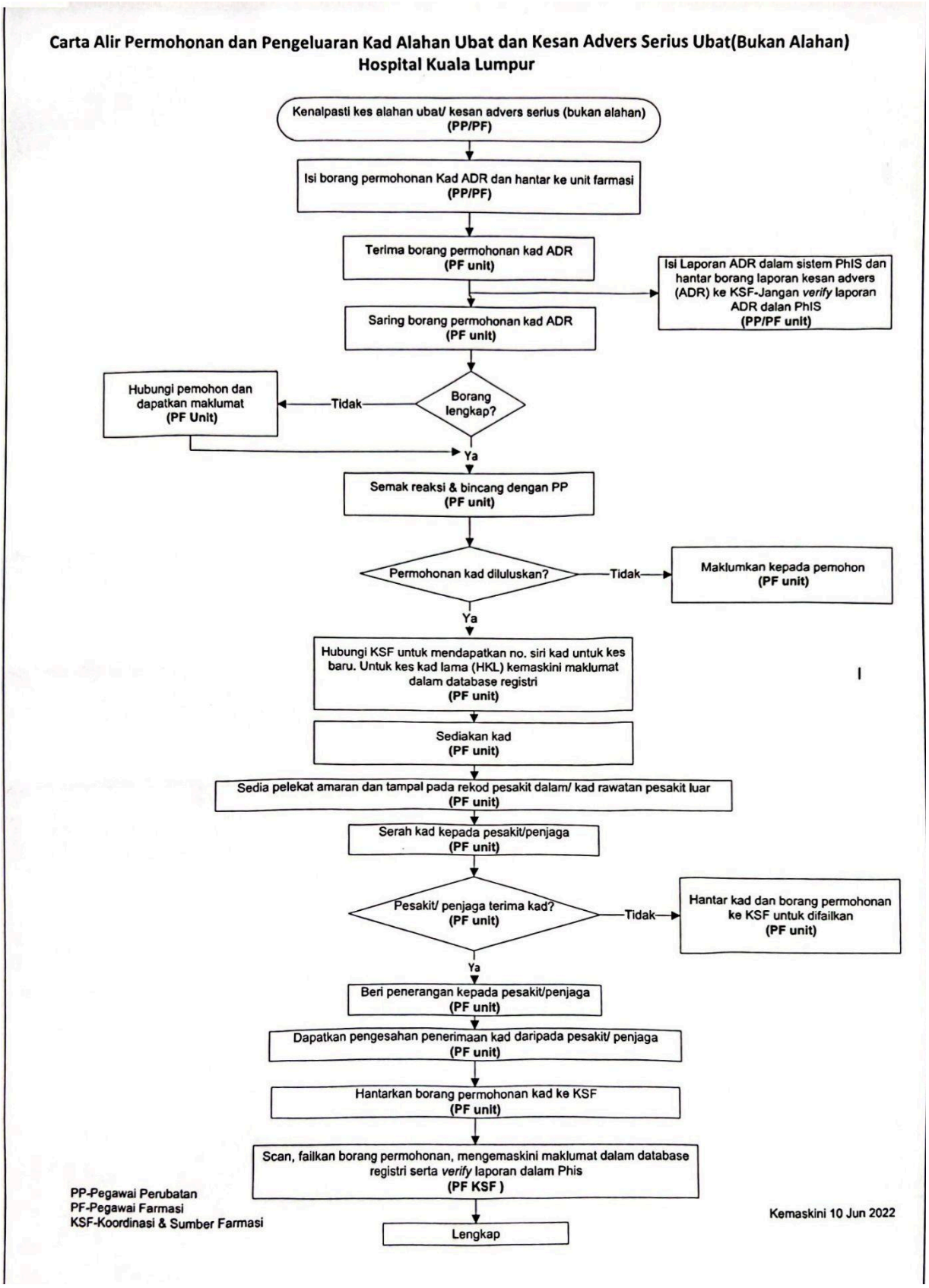
Farmasi Neurosains IKTAR Passover

CLICK HERE TO VIEW IKTAR PASSOVER

https://sites.google.com/moh.gov.my/iktarpassover/psy

OTHER NEUROLOGY, NEUROSURGERY & PSYCHIATRY QUOTA ITEMS
Kindly contact passive caller before supplying the medication if patients are not in list (i.e. no record in PhIS)

ADR Card & Reporting (KINDLY FOLLOW NEW WORKFLOW IN ADR FILE)



Anticoagulation Reversal Therapy Protocol

- This is concerning 2 medicines - **Prothrombin Complex Concentrate, PCC (Prothrombinex-VF®)** and **Idarucizumab (Praxbind®)**
    - For overwarfarinization, use PCC, refer here
        - Any specialist can give (eg. Specialist ED, Surgical etc.)
    - For reversal of Dabigatran, use Idarucizumab, refer here
        - Need to inform CCU specialist
        - After office hours, they are reachable through MO 3rd caller of CCU unit (*Cardiac Intensive Care Unit*) **(Extension no. 6150 / 6151)**

- You can find both medicines in the fridge.
- **Don't forget to fill in the Bin Kad Kecemasan (Khas) !**
- **Kindly notify (snap the assessment form and whatsapp) the clinical ED Pharmacist Wilson Koh (010-9333141) or Paula Teoh (019-2070885) for follow-up purposes.**

Anti-Rabies Vaccine Update

1. HKL practices **4 doses.**

   0.5ml D0
   0.5ml D3
   0.5ml D7
   0.5ml D14.

2. Prescription **MUST** be **countersigned by A&E Specialist**

3. If the patient is **MALAYSIAN,** all **4 doses** can be prescribed in **ONE prescription.**

   Eg. Anti Rabies 0.5ml D0 (1/7/2018)

   Anti Rabies 0.5ml D3 (4/7/2018)

   Anti Rabies 0.5ml D7 (8/7/2018)

   Anti Rabies 0.5ml D14 (15/7/2018)

Pharmacy to sign on each date when vial is given. Patient has to come to A&E pharmacy and collect a subsequent dose.

5. If the patient is **FOREIGNER,** each dose should be **prescribed SEPARATELY**. **ONE dose per ONE visit**.

   Eg. Anti Rabies 0.5ml STAT

Patient needs to see a doctor each time to get a subsequent dose. [Payment for foreigner refers to Unit Hasil (registration) according to Fees Act (Medical) 1951 for Foreigners]

NOTE: dosing practice in other countries might differ. So it is fine to follow different regime (e.g. patient already started in other country but continue while in Malaysia)

6. When you dispense it, tell patient to walk the Treatment Room (Room 9 in Green Zone) for injection. They are **NOT ALLOWED to bring the vaccine back home.**
7. You can find an Anti-Rabies vaccine in our fridge.
   - **Please fill the Bin Kad Kecemasan (Khas)!**

References:

a) Interim Guidelines for Human Rabies Prevention & Control in Malaysia - dosing information
b) MIMS Guideline - VERORAB
c) HKL Memo 2017-05-02

Antivenoms & Antidotes

- **Sea Snake Antivenom, Anti Snake Serum (Polyvalent), & Pit Viper Antivenom are not available in HKL**

When a snake bite case happens, physicians will contact RECS **(Remote Envenomation Consultancy Services)** about it, and RECS will recommend the right antivenom to give.

Due diligence, please counter-check with reference(s) below before supplying:

a) Malaysia Guideline : Management of Snakebite (2017)
b) More Guidelines : Malaysian Society of Toxinology

NOTE:
In practice, the choice of an initial dose of antivenom is usually empirical (based on clinical presentation) or based on manufacturer's recommendation. Children are given the **EXACT SAME DOSE** of antivenom as adults.

Lists of Antivenoms & Antidotes available in HKL

Highlighted : Kept in A&E Pharmacy
Others : Please refer to HKL Drug List

No	Generic Name	Indications	Prescriber Category	Not
1	Acetylcysteine 200mg/ml Inj	Paracetamol Poisoning	A*	Kept in FBW
2	Activated Charcoal 50g Powder	GI decontamination	A	
3	Antivene Cobra Inj	Snake Bites	B	
4	Antivene King Cobra Inj	Snake Bites	B	
1	Antivene Serum Haematopolyvalent Inj	Snake Bites	B	
6	Antivene Serum Neuropolyvalent Inj	Snake Bites	B	
7	Atropine Sulphate 1mg/ml Inj	Organophosphate Poisoning	B	Kept in FBW
8	Botulism Antitoxin Inj	Botulism Poisoning	B	Nil stock
9	Bromocriptine Mesilate 2.5mg Tab	Neuroleptic malignant syndrome	A/KK	

10	Calcium Gluconate 10% Inj	Hydrofluoric acid poisoning	B	Kept in FBW
11	Clonidine Hcl 0.025mg Tab	Rapid opiod detoxification combination use with NALTREXONE	A	
12	Dantrolene Sodium 20mg Inj	Anaesthetic-induced malignant hyperthermia	A	KPK
13	Desferrioxamine B Methanesulphonate 0.5g	Chronic Iron toxicity/overload	A	
14	Diazepam 5mg/ml Inj	Organophosphexoenoxaate poisoning	B	
15	Diphtheria Antitoxin Inj	Diphtheria toxins	B	
16	D-Penicillamine 0.25mg Cap	Lead poisoning	A	Kept in FKP 1
17	Ethyl Alcohol (ethanol) 10% Inj	Treatment of methanol or ethylene glycol poisoning	B	
18	Ethyl Alcohol (ethanol) 20% Oral Solution	Treatment of methanol or ethylene glycol poisoning	B	
19	Fat Emulsion 20% for IV infusion Inj	Local Anaesthetic Toxicity	A	
20	Filgrastim (G-CSF) 30MU/ml Inj	Thallium poisoning (asymptomatic treatment for anemia)	A*	JKUT
21	Flumazenil 0.1mg/ml Inj	Benzodiazepine poisoning	B	Kept in FBW
22	Glucagon (lyophilised) 1mg/ml Inj	Calcium Channel Blocker poisoning, Beta Blocker poisoning	B	
23	Hydroxocobalamin 5gm/200ml injection	Cyanide Poisoning	A	
24	Idarucizumab 50mg/ml Inj	Dabigatran poisoning	A*	
25	Leucovorin Calcium (Calcium Folinate) 50mg	Methotrexate poisoning. Methanol poisoning and trimethoprim toxicity	A	
26	Mesna 100mg/ml Inj	Oxazaphosphorines toxicity (eg: ifofosfamide and cyclophosphamide)	A	

27	Methylene Blue 1% Inj	Drug-induced methemoglobinaemia	B	
28	Naloxone Hcl 0.4mg/ml Inj	Opioid poisoning	B	Kept in FBW
29	Naltrexone Hcl 50mg Tab	Adjunct in relapse prevention treatment in detoxified formerly opiod toxicity	Asodium bica	JKUT
30	Neostigmine Methylsulphate 2.5mg/ml	Reversal of non-depolarizing neuromuscular blockade	B	
31	Octreotide 0.1mg/ml Inj	Sulphonylurea poisoning	A	
32	Potassium Iodide Mixture	Thallium/ radiation poisoning	B	
33	Pralidoxime 25mg/ml Inj	Organophosphate poisoning	B	Kept in FBW
34	Protamine Sulphate 10mg/ml Inj	Heparin overdose	B	Kept in FBW
35	Prothrombin Complex Concentrate ( )	Overdose of anticoagulant (warfarin)	A*	PDN
36	Sodium Bicarbonate 8.4% (1mmol/ml) Inj	Acceleration of excretion in drug intoxication	B	
37	Sodium Nitrile 30mg/ml Inj	Cyanide poisoning	B	No longer keep
38	Sodium Thiosulphate 250mg/ml Inj	Cyanide poisoning	B	No longer keep
38	Vitamin K1(Phytomenadione) 10mg/ml	Overdose of anticoagulants (warfarin)	B	Kept in FBW

Stockpile Medication List (28/7/2025)

No.	Item	Quantity	Note
1	Antirabies immunoglobulin injection **(RIG)**	53	ID Team HKL will recommend if got case. After office hr medical specialist oncall an ID can prescribed (Max 1 vial/patient). If other hospital want to borrow the stock >1 vial (even with their ID review), need HKL ID team agree for that.
2	Botulism antitoxin injection **(BOT)**	*Nil*	ID Team HKL will recommend if got case
3	Diphtheria antitoxin injection **(DAT)**	17	ID Team HKL will recommend if got case **Other hospitals that keep DAT** 1. Hosp. Sultanah Nur Zahirah 2. Hospital Wanita Dan Kanak-Kanak Sabah 3. Hospital Sungai Buloh 4. Hospital Tawau 5. Hosp. Umum Sarawak 6. Hospital Sandakan

Borrow Stockpile Medicines

When other hospital wants to borrow stockpile medicines, follow the flowchart below:

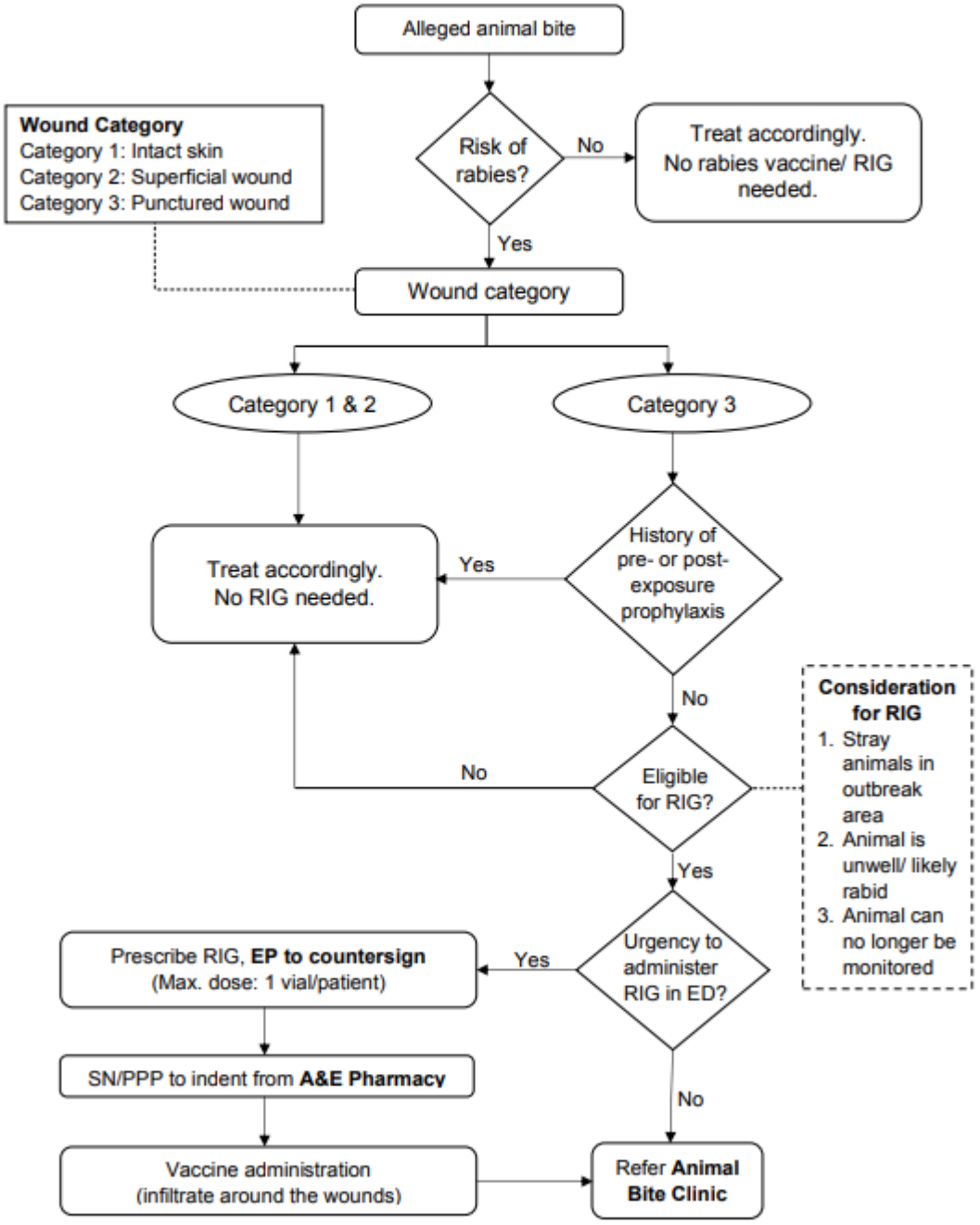
2011 SOP : HERE

SOP for Request of Diphtheria & Botulism Antitoxins Stockpiles.pdf

KINDLY INFORMED PASSIVE CALLER ED BEFORE SUPPLYING RABIES IG AND DIPHTERIA ANTITOXIN !!!

CLINICAL PATHWAY AND PATIENT FLOW FOR PATIENTS WITH ANIMAL BITES IN EMERGENCY AND TRAUMA DEPARTMENT HOSPITAL KUALA LUMPUR

RABIES IMMUNOGLOBULIN (RIG)



Version 1 | 06.07.2022

TDM & Poisoning Case

For any poisoning case that would need lab evaluation and/or TDM after office hours, doctors will send samples to the pathology lab (open 24/7 for poisoning cases) and they will receive results from pathology lab directly.

- There is **NO TDM ON-CALL** pharmacist
- We have got you covered on some common poisoning cases:

a. Alcohol intoxication
   - For Methanol Poisoning (**IMPORTANT! - HKL ED Practice**)
     - Antidote is *Ethanol 96%dire*
     -
     - Kept in FBW - TPN fridge (lower shelf)
     - Sterile, can use on both IV (**dilute to 10%**) or Oral (**dilute to 20%**) routes
     - How to dilute (**IV**): **58mL** Ethanol 96% + 500mls D5% = 558mL of Ethanol 10%
     - How to give (**IV**): 0.8gm/kg (**or 10mL/kg**) STAT then 150mg/kg/hr (**or 2mL/kg/hr**) till patient improves clinically
     - How to dilute (**Oral**): **116mL** Ethanol 96% + 500mls D5% = s616mL of Ethanol 20%
     - How to give (**Oral**): **5mL/kg** STAT then **1mL/kg/hr** till patient improves clinically
   - IV Folinic Acid (Leucovorin Calcium) **List A item**, is available in FBW

b. Clorox / Bleach

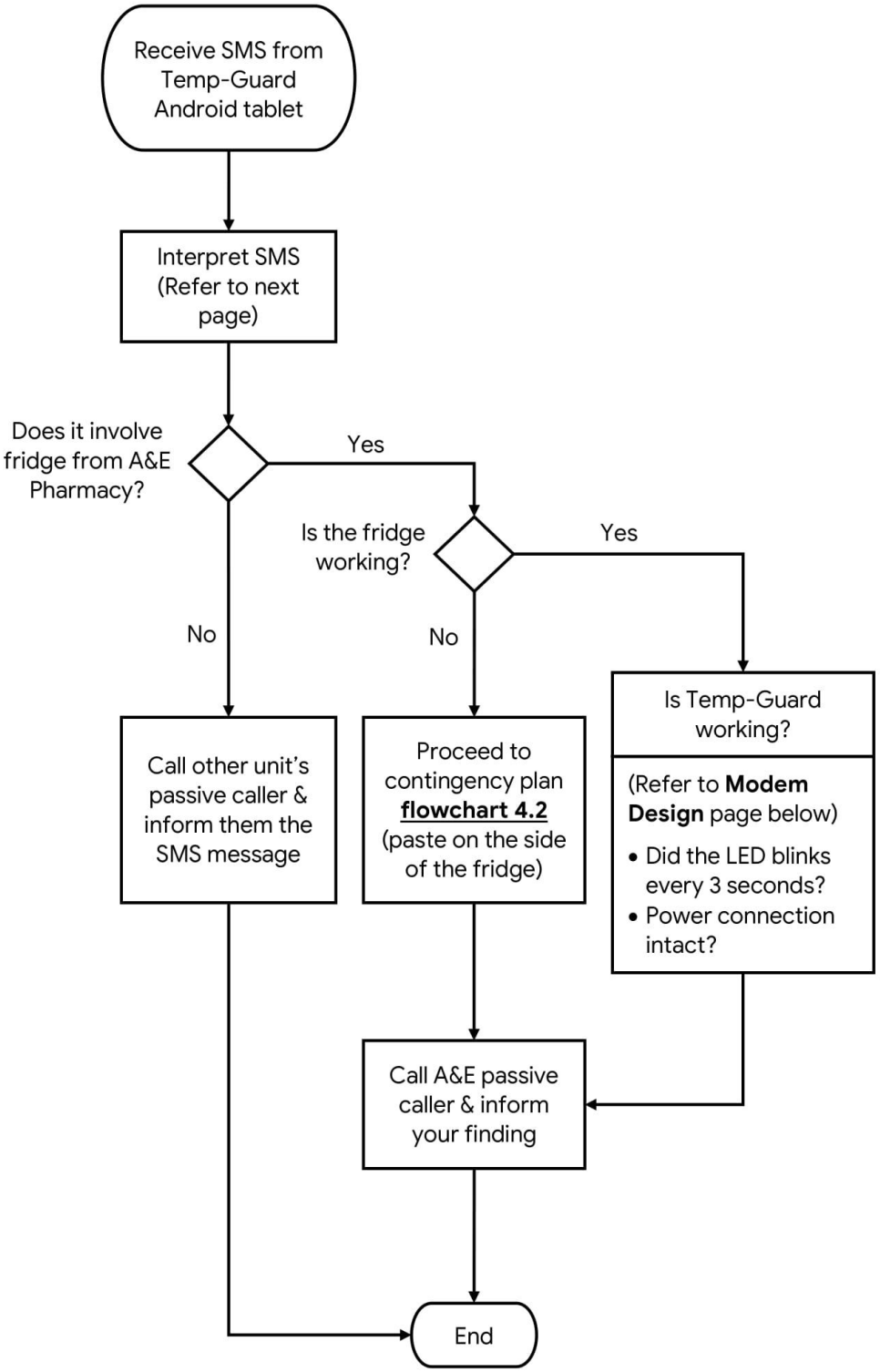
c. Snake Bite
   - Also refer to our **Antivenoms Update**

d. Herbicides

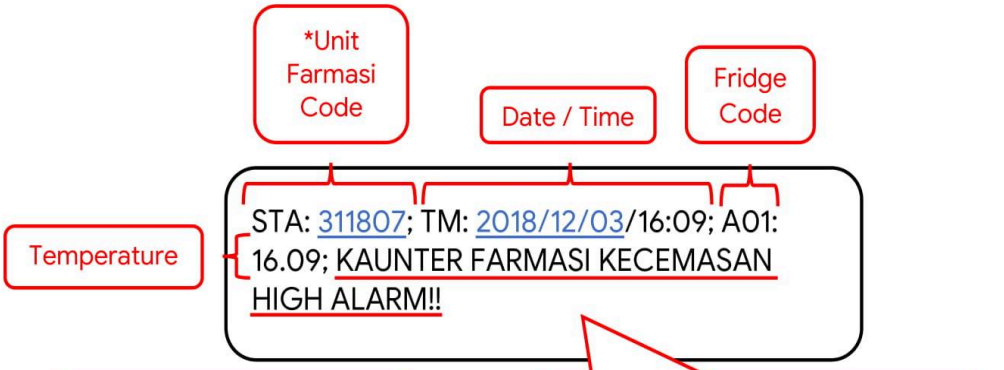
e. Paracetamol - Refer to Page 73 of **Clinical Pharmacokinetics Pharmacy Handbook**

Temp-Guard Alert

Follow this simple flowchart **(NON-OFFICIAL)** when you received SMS from the Tablet:



How to interpret Temp-Guard SMS



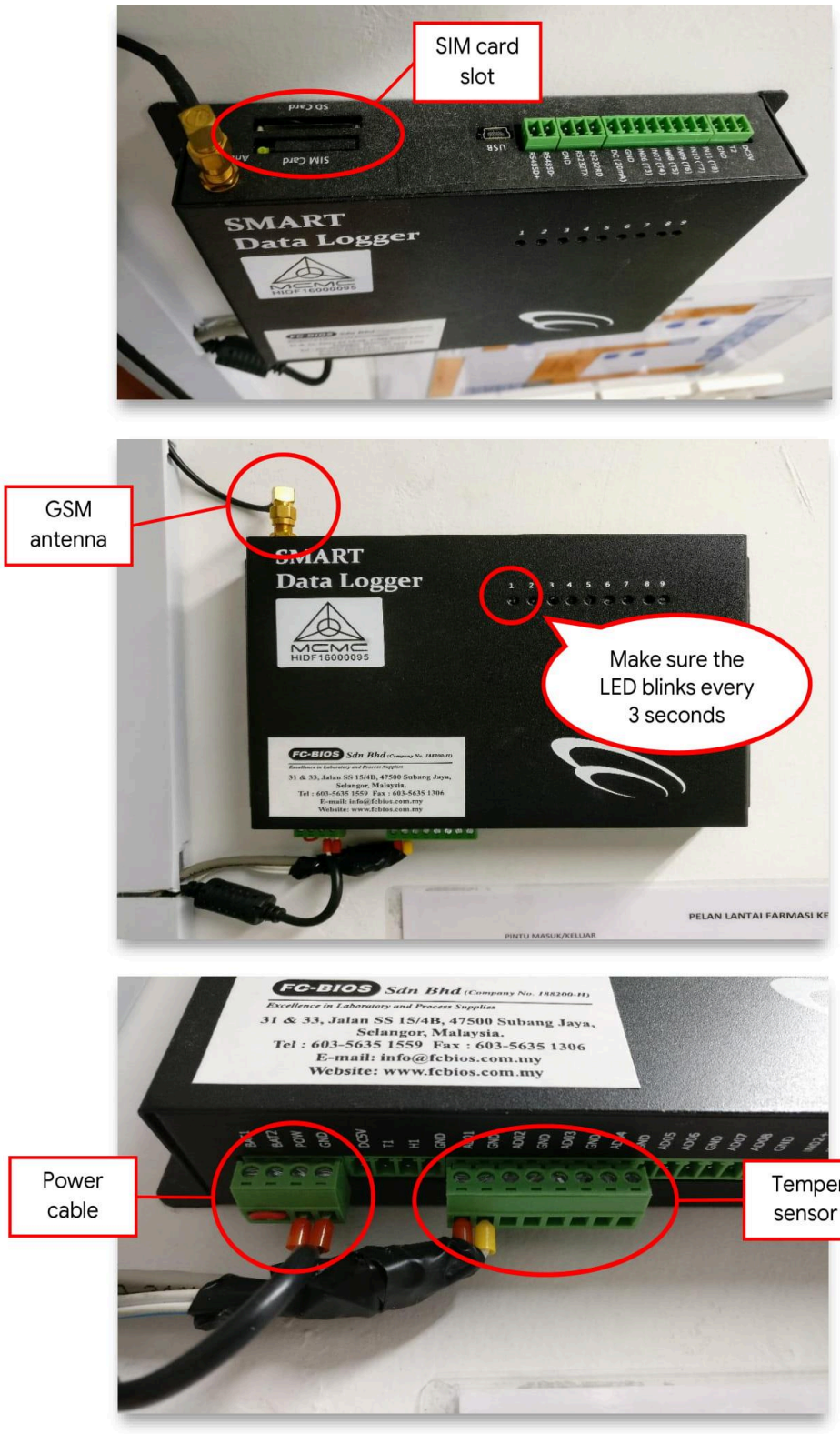
***Farmasi Code:**

311601 – Stor Pukal
311602 – Farmasi Pandu Lalu
311603 – FIUN
311604 – FKP2 SCACC
311607 – FBW
311608 – Farmasi Logistik (inj)
311801 – Farmasi Genetik
311805 – Farmasi Discaj
311807 – Farmasi A&E
311808 – Farmasi RT Onkologi
311809 – Farmasi Nuklear
311810 – Farmasi O&G
311811 – Farmasi Pediatrik
311812 – FKP1 SCACC
311813 – Stor Transit FKP1 SCACC
311814 – Farmasi Ortopedik

SMS alert examples:

- Fridge-A High ALARM!!
- Fridge-A Low ALARM!!
- Power Loss Stor Perubatan!!
- Power Resume Stor Perubatan!!
- Fridge-A High ALARM!!->TO Normal!
- Fridge-A Low ALARM!!->TO Normal!

Temp-Guard Modem Design
+



References & Guidelines

Please refer to folder memo references at desktop.