WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

DRUG LIBRARY FEEDBACK/CHANGE REQUEST

Instructions: Clinician Requesting Change to complete and provide to Clinical Practice Manager/Coordinator (CPM/C) responsible for area. CPM/C to review and sign if appropriate and forward to Master Drug Library Administrator (MDLA). MDLA to review and process request as per Infusion Pump Policy. Once complete MDLA to complete Disposition of Request Section and forward copy of form to CPM/C.

Campus: ☐ Met ☐ Ouellette Unit: _____ Drug Library Care Area: _____

Name of Clinician Requesting Change: _____ Phone/Email: _____

Clinical Practice Manager/Coordinator Signature: _____

Section A: Pump Configuration Setting Change Request:

Care Area: _____

Current Setting: _____

Requested Change: _____

Rationale: _____

Priority of Request: ☐ High ☐ Low

Disposition of Request: (to be completed by Master Drug Library Administrator):

_____

Section B: Drug Record Change Requests:

Care Area: _____

Drug Name: _____ Concentration: _____

Requested Change/Additional Information: _____

_____

Priority of Request: ☐ High ☐ Low

Disposition of Request: (to be completed by Master Drug Library Administrator):

_____

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Section C: Drug Library Change Approval

Date of Testing: _____

Approval Signature CPM for Care Area: _____

Approval Signature Physician Chief or Designate : _____

Practice Changes Required Related to Change: _____

_____

Communication and Training Plan Related to Change: _____

_____

Release Date for Change: _____

Disposition of Request: (to be completed by Master Drug Library Administrator):