


Appendix D

Institute for Safe Medication Practices

IV Piggyback Medication Label Format

Pharmacy generated label for dispensing to inpatient clinical units

Minimum content

| | |
|--|--------------------------|
| John Jones Second identifier | Room 2647 |
| amphotericin B (FUNGIZONE) | ___ mg |
| hydrocortisone (SOLU-CORTEF) | ___ mg |
| In D5W | IVPB |
| Total Volume | ___ mL |
|  | |
| Exp: 12-31-2006 | Initials: ___Initials___ |

1. **Patient name 48 character field – bolded 12 point font**
2. Location 12 character field – 12 point font
3. Second identifier 10 character field (Date of birth, financial #, Encounter #, Medical Record #) – 10 font
4. **Generic name – 40 character field – bolded 12 point font**
5. BRAND name – 18 character field – 12 point font
6. **Patient dose – 20 character field – bolded 12 point font**
7. Route – 12 character field – 12 point font
8. Diluent – 30 characters – 10 point font
9. Total volume – 30 characters – 10 point font
10. Bar code – placed vertically or horizontally to allow for the best readability on a flat surface
11. Initials as needed - these maybe handwritten or if computer generated 10 point font
12. Expiration Date as needed in a MM/DD/YYYY format – 10 point font
13. Other information as required by State or Federal Law
14. Pharmacy information if required should be at the bottom of the label
15. Comments – 10 point font