

Appendix B

Institute for Safe Medication Practices

Oral Liquid Medication Label Format

Pharmacy generated label for dispensing to inpatient clinical units

Minimum content

Patient Name***** Patient Location

Second Patient identifier

generic drug name****(BRAND name) **Patient dose** Route

(patient specific dose with corresponding number of mL)

(concentration of oral liquid displayed as per mL)

Bar code

expiration date if appropriate

space for RPh 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 – 6 character field – 12 point font**
8. Patient specific dose with the corresponding number of mL – 30 characters – 10 point font.
9. Concentration of the solution per mL – 30 characters – 10 point font
10. Bar code
11. Pharmacist initials if 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