

Appendix A

Institute for Safe Medication Practices

Oral 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) “Drug X” 150mg PO

(Dose= 2 X 75 mg tablets)

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. Dose composition for tablet number or concentration – 30 characters – 10 point font
9. Bar code
10. Pharmacist initials if needed - these maybe handwritten or if computer generated 10 point font
11. Expiration Date as needed in a MM/DD/YYYY format – 10 point font
12. Other information as required by State or Federal Law
13. Pharmacy information if required should be at the bottom of the label
14. Comments – 10 point font