

**▣ Pediatric Pharmacy On-Call Service Documentation Form**

**PEDIATRIC CLINICAL PHARMACY ON-CALL REPORT FORM**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM  
Mon 8am)

Weekend (Fri 5pm -

Weekday

Initiated by:  Sign-out  Self  Page by  Pharmacist  MD  RN  Other \_\_\_\_\_

**TYPE OF CALL:**  P'kin  Dosing  ADR  Nutrition  Therapeutic  Other \_\_\_\_\_

**PATIENT DATA:** Name: \_\_\_\_\_ MRN: \_\_\_\_\_ Age: \_\_\_\_\_  
EGA (for neonates): \_\_\_\_\_ wks Wt: \_\_\_\_\_ kg Dosing Wt (if different): \_\_\_\_\_ kg Ht: \_\_\_\_\_ cm  
Service: \_\_\_\_\_ Room number: \_\_\_\_\_ Allergies: \_\_\_\_\_  
MD to contact with recommendation: \_\_\_\_\_ Pager: \_\_\_\_\_

**Reason for Clinical Pharmacy Consult:**

PERTINENT PATIENT INFORMATION (info required to complete consult - use back if needed):

Briefly describe intervention: (may use back of form for calculations and other information)

Note written in patient's chart?\*:  Yes  No

Total time required to complete consult: \_\_\_\_\_ In-house time: \_\_\_\_\_

Faculty back-up consulted: \_\_\_\_\_

Further follow-up required?\*  Yes  No

Person completing consult: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Faculty Back-Up)

**(Must be signed by faculty back-up during next working day.)**

Return original to Pediatric Clinical Coordinator after faculty back-up has signed off.

\*If follow-up is required, the appropriate clinical pharmacist should be contacted ASAP on the next working day.

\*\*Written notes should be left in the patient's chart to document interventions.