



Retrospective Drug Utilization Review (DUR) Template

Title: **medication name**

Reviewer:

Department:

Hospital:

Medication Details

Brand name:

Is the brand name supplied at this institution:

Is this medication considered hazardous (per NIOSH standards):

Is this medication considered high alert (per ISMP standards):

Indications:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Approved Dosages:

- 1.
- 2.
- 3.
- 4.
- 5.

Reason for DUR:

Institutional Protocol(s):

insert full protocol here

Assessment:

The following assessment reflects the time period of _____ to _____

The institution's price for 1 _____ of this medication is \$ _____

The patient's price for 1 _____ of this medication is \$ _____

| | |
|---|--|
| How often was this medication ordered? | |
| How often was this medication administered? | |
| How long (on average) was this medication given during inpatient stay? | |
| Was this medication given appropriately or per protocol, if applicable? | |
| Was this medication adjusted for renal function, if applicable? | |
| Was this medication adjusted for hepatic function, if applicable? | |
| Were associated tests (i.e., INR, Hgb, SCR, cultures, etc.) ordered appropriately, if applicable? | |
| How often did major drug interactions occur, if applicable? How often did a pharmacist intervene on drug interactions? | |
| How often was this medication substituted per hospital formulary, if applicable? | |
| How often was a medication within the same therapeutic class prescribed along with this medication? | |
| How often was this medication given as a new start vs ordered from home medications? | |
| How often were safety events reported through the institution regarding this medication during the above time period? | |
| How often was this medication given despite the patient having a documented allergy to this medication? | |
| How often was this medication given to a pregnant patient? | |
| How often was this medication given to a pediatric patient? | |
| Prescribing Patterns: Most common time of day this medication was ordered Top 5 prescribers of this medication Top 5 floors/areas of the hospital this medication was administered | |
| How often was this medication continued on discharge as a new start? | |
| How often did the pharmacist provide education on this medication? | |

Recommendations:

1. Was this medication (_____) used appropriately for its indication?
2. How often was this medication used inappropriately (and under what circumstances)?
3. Based on the number of times this medication was used inappropriately, what is the cost of the over/underutilization?
4. How should we revise or make new hospital protocols to support appropriate use of this medication?
5. Are there any prescribing patterns noted?
6. What is the discharge prescribing pattern of this medication? Was it appropriately continued, or not, upon discharge?

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