(b) A licensed children's hospital not licensed to operate a pediatric intensive care unit on October 21, 2002 shall file a licensing application to initiate such a unit in accordance with (a) above. Such a licensing application shall be filed in accordance with the procedures described in N.J.A.C. 8:43G–2.2 through 2.5, as applicable.

(c) By October 21, 2003, all licensed children's hospitals shall operate a regional perinatal center in accordance with N.J.A.C. 8:43G–19, and applicable provisions of N.J.A.C. 8:33C, including N.J.A.C. 8:33C–3.4(a)3 through 10.

(d) A licensed children's hospital not licensed to operate a regional perinatal center on October 21, 2002 shall file a licensing application to initiate such a service, including neonatal intermediate and intensive care unit(s), in conformance with (c) above. Such a licensing application shall be filed in accordance with the procedures described in N.J.A.C. 8:43G–2.2 through 2.5, as applicable.

(e) A licensed children's hospital not also licensed to operate a pediatric intensive care unit or a regional perinatal center on October 21, 2002 shall not be required to obtain certificate of need approval to establish such a unit or center, including neonatal intensive or intermediate care unit(s) within the center.

1. A licensed children's hospital without a licensed pediatric intensive care unit may establish such a unit with a maximum size of six beds without certificate of need approval.

2. A licensed children's hospital without a licensed neonatal intermediate or intensive care unit may establish such a unit(s) with a maximum size of four bassinets for an intermediate care nursery and six bassinets for an intensive care nursery without certificate of need approval.

SUBCHAPTER 23. PHARMACY

8:43G–23.1 Pharmacy structural organization

(a) A hospital shall have a pharmacy that is licensed by the New Jersey State Board of Pharmacy, with a current Drug Enforcement Administration registration and a controlled dangerous substance registration from the State Department of Health.

(b) A multidisciplinary pharmacy and therapeutics committee, or an equivalent multidisciplinary body which includes a pharmacist licensed to practice pharmacy in New Jersey, shall meet at least quarterly and document its activities, findings, and recommendations.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Pharmacist added to (b).

8:43G–23.2 Pharmacy policies and procedures

(a) The pharmacy and therapeutics committee, or its equivalent, shall review, approve, and ensure implementation of policies and procedures addressing at least the following areas:

1. Outpatient pharmacy services;

2. Administration of drugs;

3. Use of patients' previously acquired drugs, including requirement for physician orders and pharmacy identification of the drugs before use;

4. Admixture of intravenous solutions, including quality control and safety procedures for laminar airflow hoods and labeling;

5. Storage and distribution of drugs, including at least dispensing devices (if used in the hospital), emergency drugs and kits, and control and accountability of controlled substances in accordance with applicable laws and regulations;

6. Stop orders and discontinue orders, including the length of time all orders stay in effect, stoppage of drugs on the day a patient undergoes surgery in conformance with the prescriber's specifications, and notification of the prescriber of the expiration of a drug order;

7. Identification, reporting, reviewing, and monitoring of adverse drug reactions and medication errors;

8. Identification and prevention of food/drug interactions and responsibility of pharmacy, nursing, and dietary services, including responsibility for the following:

i. Ensuring that appropriate food or fluid requirements are met when administering medication;

ii. Adjusting the contents of the patient's meal tray whenever an increase or decrease in a specific nutrient is ordered; and

iii. Educating the patient about potential food/drug interactions prior to discharge and

9. Current reference materials kept at drug distribution stations and in the pharmacy, and made available to medical and nursing staff;

10. Control and limitation of use of drugs marked "sample";

11. Approval and maintenance of an up-to-date formulary;

12. Pharmacists' clarifications of physician orders; and

13. Self-administration of drugs, if permitted by the hospital, including a requirement for written prescriber orders, storage of drugs, labeling of drugs, documentation of self-administration in the patient medical record, patient training and education, and precautions to ensure that a patient does not take the drugs of another patient.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Text on self-administration of drugs added at (a)13.
Amended by R.1999 d.436, effective December 20, 1999.
See: 31 N.J.R. 376(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).
Rewrote (a)8.

8:43G–23.3 Pharmacy staff qualifications

(a) Pharmaceutical services shall be directed by a registered pharmacist licensed to practice pharmacy in New Jersey.