**Recommendation and Revision of a Sterile Preparations Compounding Compendium**

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**Background:** The ability to compound sterile products is fundamental to hospital pharmacy practice. Availability of compounded sterile products (CSPs) ensures patient access to medications not otherwise available due to commercial formulation limitations, dosing requirements, patient-specific allergies or nutritional needs, drug shortages, etc. Compounding personnel are responsible for the safety and efficacy of CSPs, and master formulas and compounding compendiums useful for compounding processes should be based off of current clinical practice standards or best practices.

**Objective:** Assess current literature for recommendations for use of a compounding compendium within a hospital’s sterile compounding clean room, and implement the recommended standard or best practice.

**Methods:** A literature review was conducted using online resources. The current in-use compounding compendium was revised in sections. Revisions were made to medication names, medication strengths, required diluents, dilution instructions, and beyond-use-dating. Information included in the compounding compendium was revised using information from relevant United States Pharmacopeia general chapters, Lexicomp, Trissel’s IV Compatibility database, GlobalRPh, and various medication package inserts.

**Conclusion:** USP standards were determined to be the minimum compounding standards for compounding pharmacies to adhere to per the National Association of Boards of Pharmacy and the North Carolina Board of Pharmacy (N.C. BOP). There must also be standard operating procedures, a Master Formulation Record, and Compounding Records for each compounded sterile preparation made. Then hard copy and electronic reference resources must be made available to compounding personnel per the American Society of Health-System Pharmacists and N.C. BOP.

**Results:** Anticipated results of this quality improvement project include cost savings to the pharmacy department, minimization of the risk of compounded sterile products labeling errors and minimize of the risk of patient harm as a result of potential labeling errors, and reduced compounding time.