

POSITION STATEMENT
FROM THE INFECTIOUS DISEASES SOCIETY OF AMERICA

Hospital Pharmacists and Infectious Diseases Specialists

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Pharmacists and infectious diseases specialists have complementary responsibilities in the care of both inpatients and outpatients with infectious diseases. Hospital pharmacists are a valuable and essential resource with respect to drug information for physicians and other health care providers. In addition, hospital pharmacies now routinely provide important services such as monitoring for drug allergies and drug-drug interactions as well as information concerning drug dosing in patients with normal or impaired organ function and practical advice related to pharmacokinetics and pharmacodynamics of antibiotics and other drugs.

In most circumstances, clinical pharmacists and infectious diseases physicians have a mutually productive relationship. Pharmacists' input in such matters as therapeutic equivalency or relative cost of different drug regimens, potential drug interactions, and dosing advice has made these providers important and valuable members of the health care team. A few hospital pharmacists have recently expanded their roles to include making independent

recommendations for specific therapeutic drug regimens in patients with infectious diseases. Furthermore, organizations such as the American College of Clinical Pharmacy have made the providing of such advice an integral part of the learning objectives for residency training in pharmacotherapy practice [1].

Decisions about issues such as selection of specific drug therapy, route of administration, and location of therapy (e.g., home vs. hospital) require a thorough knowledge of the principles and practice of medicine. The training and daily activities of clinical pharmacists do not provide them with the expertise and knowledge needed to interpret the adequacy and significance of historical, physical, laboratory, and radiographic findings for individual patients, which are required for advising patient-specific therapy.

Members of the IDSA wish to encourage a positive cooperative effort between infectious diseases physicians and pharmacists, but it is the opinion of the members that therapeutic decisions and recommendations should be made by physicians. Pharmacists who receive requests for such information should refer the requests to appropriately trained physicians.

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Reference

1. Anonymous. ASHP supplemental standard and learning objectives for residency training in pharmacotherapy practice. Prepared jointly with the American College of Clinical Pharmacy. *Am J Health-Syst Pharm* 1996; 53:59-66.