

Order Form For Haloperidol And Fluphenazine Decanoate Injection

Clinic Name: _____

Date: _____

Requester Name: _____

Drug Name & Strength	<u>Quantity Requested</u>	<u>Quantity Provided</u>	<u>Pharmacy Staff Signature</u>	<u>Clinic Staff Signature</u>
Haloperidol Decanoate 50mg/ml				
5ml Multi-Dose Vial				
Pharmacy Use Only				
NDC#				
Lot #/s				
Manuf. Exp Date/s				
Haloperidol Decanoate 100mg/ml				
5ml Multi-Dose Vial				
Pharmacy Use Only				
NDC#				
Lot #/s				
Manuf. Exp Date/s				
Fluphenazine Decanoate 25mg/ml				
5ml Multi-Dose Vial				
Pharmacy Use Only				
NDC#				
Lot #/s				
Manuf. Exp Date/s				

- Maximum Supply to be Stocked is six vials of each of the above depending on your usage.
- Keep log on file for 1 year at clinic.
- Please reorder when you have two vials on hand.

County of Santa Clara Mental Health Department

Refrigerator Temperature Log

Site:

Month/Year:

Location: Med Room

	Time/Initials																																		
Temp °F(°C)	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
50 (10)																																			
49 (9.4)																																			
48 (8.9)																																			
47 (8.3)																																			
46 (7.8)																																			
45 (7.2)																																			
44 (6.7)																																			
43 (6.1)																																			
42 (5.5)																																			
41 (5)																																			
40 (4.4)																																			
39 (3.9)																																			
38 (3.3)																																			
37 (2.8)																																			
36 (2.2)																																			
35 (1.7)																																			
34 (1.1)																																			
33 (.5)																																			
32 (0)																																			
31 (-.5)																																			
30 (-1.1)																																			

1. Place an "X" in the box of the observed temperature. Record time and initial.
2. If out of range (gray area), adjust the thermostat. In 1 hour, reread and record new temperature. If still out of range, contact Enborg Lane Pharmacy (885-4100) or Downtown Pharmacy (299-6066) for drug stability information and report to clinic manager. If necessary, the medications should be moved to a working refrigerator until the temperature is within range.

