Librarians’ role in drug safety and pharmacovigilance in a Hospital setting
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BACKGROUND
Health care providers need to be constantly vigilant about the medications administered to their patients. Despite many safeguards to verify the right dosage prescriptions and written and verbal advice, there are many challenges that arise in drug safety and reporting that can be avoided by thorough literature research and planning.

METHODS
I searched our “Ask A Librarian” (AAL) database for all questions on drug information that we have received from health care providers in the last 12 months. Reviewed the literature results and analyzed the kind of searches that were related to drug and patient safety—especially questions on prescribing methods (opioids), overdoses, drug-drug interactions and adverse effects

KEYWORDS AND RESOURCES
• Adverse drug events (ADEs) are defined as injuries resulting from medication use, while adverse drug reactions (ADRs) are ADEs that occur due to the pharmacologic properties of the drugs involved.
• Pharmacovigilance (PV) is a process of monitoring the safety of medicines during normal clinical use and during clinical trials. Spontaneous reporting of ADRs is the basis of all PV activities.
• Pharmacovigilance (PV) Related Journals:
  o Drug Safety (http://adisonline.com/drugsafety)
  o Pharmacoepidemiology and Drug Safety (www.interscience.wiley.com/jpages/1053-8569)
• Homepage for MedWatch program (with links to current safety findings related to drugs, dietary supplements, and medical devices) (www.fda.gov/safety/medwatch)
• FDA’s Adverse Event Reporting System (FAERS) dashboard (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm070093.htm)

PROCESS AND RESULTS
There were 647 drug related questions of the 28,960 literature searches that were recorded in 12 month in our AAL database. These searches included comparative effectiveness research, managing hazardous drugs, case reports, preferred medications, dosage, allergies and reactions, adverse drug reactions (ADRs), etc. ADR reporting is based on the active substance and not the product. Opportunities for educational plans and a drug resources mapping handout were provided where needed.

CONCLUSIONS
Safe-prescribing practices with knowledge of the case reports, black-box warnings, dangerous drug combinations that may affect the organ systems, especially kidney, liver, heart and lungs, should be supported by access to the right resources. We have made a conscious effort in providing periodic training and customized handouts for the drug services. Physicians, pharmacists, and other health professionals need a process of monitoring the safety of medicinal products and other online resources available through our library.

KEY POINTS AND FUTURE DIRECTIONS
• It is important that health care providers both publish and report adverse experiences of medicinal products and that biomedical databases are routinely searched for side effects and ADRs
• Use and develop a consistent weighted criteria for prioritization of safety issues based on evidence.

REFERENCES